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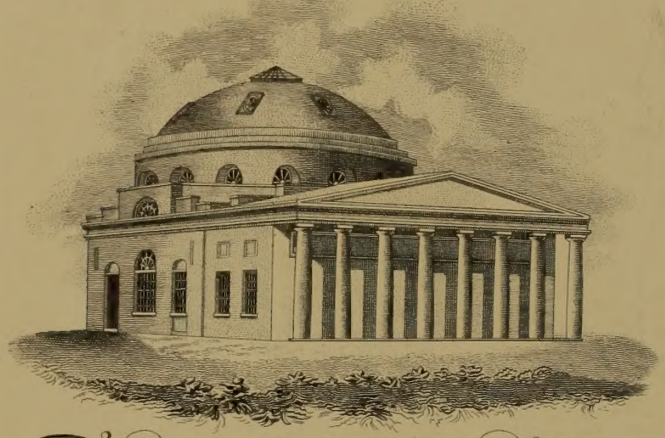

University of Maryland

University of Minnesota Libraries

Early Doctor of Medicine and Doctor of Philosophy dissertations from
Dartmouth College in Hanover, NH

These manuscripts described as either in Dartmouth Classified or in the original Library were presented to the University of Minnesota for the Doctor of Medicine or Doctor of Philosophy degrees circa 1861-1900. The dissertations were bound together during the 1960's. There is no definitive source for the bound volumes concerning college courses or subjects, degrees, dates and/or years. To address these errors, an additional "Dartmouth Earliest Dissertations" has been created at the beginning of this collection.

The project team who identified and cataloged the dissertations were: Richard J. Bekkes, Financial Resources Manager, Office of the Vice President for Administration; Margaret Mangrum, Director, Acquisitions Services; and Darling-Henry, Resources Division Head, Acquisitions Services; and Thomas Wright, Services Division.

These dissertations were digitized in 2011 (2011) and are available at the UM Digital Archive (archive.label unavailable) and the Internet Archive (www.archive.org).

University of Maryland Theses

Early Doctor of Medicine and Doctor of Physic Dissertations with Corrected Tables of Contents

These manuscripts described as either an Inaugural Dissertation or an Inaugural Essay were presented to the University of Maryland for the Degree of Doctor of Medicine and/or Doctor of Physic during the years 1813-1887. The individual dissertations were bound together during the 1940's. The original tables of contents for the bound volumes contained multiple errors in authors' names, titles, and/or years. To address these errors, an additional "Corrected Table of Contents" has been inserted at the beginning of each volume.

The project team who investigated and corrected the tables of contents were Richard J. Behles, Historical Librarian/Preservation Officer; María Milagros Pinkas, Metadata Management Librarian; Angela Cochrane and Carol Harling-Henry, Resources Division; Sarah Hovde, Abra Schnur and Megan Wolff, Services Division.

These dissertations were digitized in 2011-2012 and are available at the UM Digital Archive (archive.hshsl.umaryland.edu) and the Internet Archive (www.archive.org).

(CORRECTED TABLE OF CONTENTS)

UNIVERSITY OF MARYLAND

THESES

1880 (a)

Author	Title	Notes
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Wright, Josephus A.	Hemorrhage	
Bond, Robert	Report of Six Cases	
Watts, Arthur G.	Pulmonary Emphysema	
Chilton, Samuel B.	Diphtheria	
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Compton, Joseph B.	Spasmodic Laryngitis	

HSHSL 2012 for the UM Digital Archive. Sources consulted for corrections: Original Dissertation; University of Maryland Medical Faculty, Matriculation List, 1851-1892; Cordell, Eugene F. "University of Maryland, 1807-1907" (New York : The Lewis Publishing Company, 1907), Volume 2.

Author	Title	Notes
Gantt, H. Baldwin	Operative Surgery	
Smith, William A.	Dysmenorrhoea	
Street, St. Clair	Diphtheria	
Shepard, Henry Leonidas	Intermittent Fever	(legal paper-pages folded)
Carroll, Joseph	Aneurism	(legal paper-pages folded)
Smith, W. Gray	Practical Suggestions on the Conduct of Labor	
Robb, John A. Jr.	Reflex Action	
Warner	Pneumonia[1]	
Dawson, W. Terrell	Neurotomy of the Optic and Ciliary Nerves	

[1] There is a A. Shelmon Warner in the 1880 matriculation list and the 1879-1880 catalog under the 1878-79 student session.

HSHSL 2012 for the UM Digital Archive. Sources consulted for corrections: Original Dissertation; University of Maryland Medical Faculty, Matriculation List, 1851-1892; Cordell, Eugene F. "University of Maryland, 1807-1907" (New York : The Lewis Publishing Company, 1907), Volume 2.

UNIVERSITY OF MARYLAND

THESES

1880 (a)

Clark, T. W.	Some Facts in Nervous Pathology	20p.
Wright, ~~Jos. P.~~ Josephus A.	Hemorrhage	20p.
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Perryman, E. G.	Specialties in Medicine	9p.
Parsons, ~~S.~~ D. Samuel	Intermittent Fever	35p.
Compton, ~~J.~~ B. Joseph	Spasmodic Laryngitis	23p.
Gantt, H. ~~B.~~ Baldwin	Operative Surgery	21p.
Smith, ~~Wm.~~ A. William	Dysmenorrhoea	29p.
~~Strutt~~, St. Clair Street	Diphtheria	24p.
Shepherd, ~~H.~~ L. Henry Leonidas	Intermittent Fever	23p.
Carroll, ~~J.~~ Joseph	Aneurism	12p.
Smith, W. Gray	Practical Suggestions on the Conduct of Labor	16p.
Robb, ~~J.~~ A. Jr. John	Reflex Action	18p.
Warner	Pneumonia	27p.
Dawson, W. ~~R.~~ Terrell	Neurotomy of the Optic and Ciliary Nerves	15p.

A Thesis
on
Some Facts in Nervous
Pathology
By T. N. Clark

Feb 11-1880

IMb
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It would have been consid-
ered the very acme of
human presumption and
ignorance a few years ago
to have attributed even the
semblance of a probable
fact to the domain of the
Nervous pathologist and even
at the present day the
criticisms so freely indulged
in against this branch of
Medical Science are uttered
more with acrimony than logic
But in bold defiance of every
obstacle the giant intellects
in this field of thought have
by their brilliant achievements

stifled to a considerable extent the voice of all ordinary critics and at the same time have succeeded in establishing the study of Nervous Diseases upon a sure and lasting foundation. The marvellous rapidity with which the literature upon this subject has grown within the last ten years indicates at any rate a healthy desire for knowledge in this region of thought and all to' utterances from this great school of thinkers are accepted with reluctance and extreme caution, yet their

ultimate triumph only en-
hances the value of their
observations, for all sources
of error are most carefully
eliminated, before they are
presented to the public.
The brain, that wonderful struct-
ure in which resides those
powers and energies that
distinguish the mind of man
from the brute creature, is con-
sidered by some a subject too
unworthy the deliberate thoughts
of the medical man and still
these very men seek shelter
from deserved censure by
referring all complex problems

in pathology to some obscure nervous phenomenon. On the other hand there are those who endeavour to explain every problem in pathology by placing it to the influence of some subtle nervous agency and in this way they silence the apprehensions of their patients until time unfolds the true story. By others again the brain and nervous system are regarded with such deep awe and reverence that all its developments are invested with supernatural forces and on this

account all nervous phenomena have been relegated to the domain of the theologian and metaphysical investigator as their peculiar right. The anatomy, histology and physiology of the brain and spinal cord have been most frightfully distorted to suit the utterances of a host of such imaginative writers and teachers, and it was not until the enlightened anatomist, physiologist and pathologist of the present day successfully combatted and completely demolished their false teachings that

the study of nervous diseases have come boldly to the front and taken their legitimate position in the Medical Service. Since facts of the most varied nature and original type have been given to the world based upon the most accurate data that able researches of the physiologist, pathologist and clinical observers can furnish, skeptics have been silenced and unless the carpings of a pelnfield conservatism are to be taken into account nervous phenomena

are to be considered the most approved and inviting themes for reflection and study. How totally useless and powerless would the complicated apparatus of the human organism be if it were not under the dominion and control of the nervous system and yet how admirably does it subserve every purpose of its creation when thus controlled. The brain quickened in its activities whilst hyperaemic and lulled into quietude during anaemia is one illustration of its many capabilities.

This harmony only exists in what is called its physiological state, for there is a pathological condition of the brain entirely inimical in the one case to hyperaemia and in the other to anaemia and we have illustrations of these two opposite conditions in the sleeplessness caused by too much blood to the brain and on the other hand the same result is brought about by too little blood being sent to this organ. Any stimulus that will act upon the Vaso Motor centre causing in the

one case a contraction of the arterioles of the brain and in the other a dilatation will relieve these two difficulties and induce sleep. Again there are what are called vascular areas of the brain and it would appear that cerebration can only be called into activity by a constant antithesis between these marvellous vascular adaptations. Congestion of the brain disturbs the equilibrium of the vital activities and induces a condition called stupor or Coma which in all of its manifestations is

entirely at variance with that play of forces developed by the brain whilst receiving its regulated supply of oxygenated blood. If the lungs, liver and kidneys are the victims of a fatal congestion, how much more liable the delicate texture of the brain must necessarily be when it is the recipient of one fifth of the blood contained in the body. The astute physician who can discriminate between a true congestion of the brain and a simple congestion of

the face will with much more certainty treat the case than the one who cannot make such a distinction. Recent investigations have, with a high degree of probability placed the nutrition of the body under the influence of the trophic nerves and some extremely interesting experiments upon the submaxillary gland of the dog and other animals strongly encourage the justice of such convictions. The nervous pathologist is so firmly impressed with the truth of this subtle nerve influence

that a disease called Progressive Muscular Atrophy is attributed to an abnormal condition of these microscopic filaments or rather the nerve cells in the anterior horns of gray matter.

Aphasia is a common disease of the brain accompanying fractures, contusions, concussions and various injuries of the cranium. The lesion in order to produce Aphasia must be located in the third frontal convolution or Broca's convolution on the left

side if the patient is right handed and on the right side provided he is left handed. This is regarded as one of the greatest triumphs in the way of cerebral localization and it stands out as a beacon light to encourage the gallant army of labourers in this broad field of research. The pathology of the brain is the great store house from which most of the physiological data is obtained in an indirect manner, for

whilst the inferior animals of-
~~fer an~~ immense aid in working
out some of the intricate
points connected with the
brain - yet the results ar-
rived at are only approxi-
mative when we apply them
to the brain of man, still
by this conjoint method
of investigation the patholo-
gist and physiologist may
discover germs of truth that
may ultimately ripen into
the choicest fruit. Chorea
is a disease which is
characterized by an exces-
sive incoordination of

certain groups of muscles or it may involve all the muscles of the body causing the most terrific and uncontrollable contortions. The lesion causing this great want of coordination is placed by Hughlings Jackson in the Corpora Striata and in a great number of cases is the result of minute emboli plugging the small vessels of these ganglia. There are various forms of paralyses caused by lesions located in the Cortex of the brain itself or by a cause

connected with the gray matter located at the base of the organ. Tumors situated in the anterior lobes of the brain will not necessarily give rise to any paralysis but should they by pressure involve that part of the convolution bordering on the fissure of Rolando or also exert undue pressure on the peduncles of the brain then paralysis will most probably ensue. There are many affections of the spinal cord allied in

causation to those affecting the brain - but inasmuch as the functions of this centre partake entirely per se of truly reflex phenomena it becomes especially important not to confound its sequelæ with those resulting from brain involvement. The purely reflex movements exhibited in the different forms of Myelitis should not be confounded with those resulting from want of coordination such as Chorea just alluded to. The spinal cord presides

thro' the phrenic nerve over respiration to a great extent and it is a well noted fact that injuries high up in the Cord will be attended by fatal results much sooner than when situated lower down in the cord. When the cord is implicated lower down as in the lumbar region where the centre of micturition is seated retention or more commonly incontinence from retention of urine is one of the prime symptoms There are cases however

recorded where this centre in the spinal cord has been able to regulate the flow of urine in its usual manner when all influence from the brain has been cut off completely Dr. Miles cited a case which occurred in his own practice in which the patient after suffering from inability to control his bladder regained absolute power in expelling his urine without the other symptoms abating. The subject of nervous diseases in

one replete with such fascinating varieties that it is almost impossible for a novice in the field of medical literature to express any but the crudest and most disjointed remarks upon a topic so comprehensive as the one I have chosen.

3 4-50

[illegible]

[illegible]

[illegible]

[illegible] made over use of the [illegible]

[illegible]

[illegible] shortly after [illegible]

[illegible] It continued to blow, [illegible]

[illegible] that we were just [illegible]

He [illegible]

[illegible] a succession [illegible], and his [illegible] is

[illegible]

[illegible] application [illegible]

[illegible] — Every [illegible] difficulties [illegible] be

[illegible]

[illegible]

[illegible] of age. Thus, in conclusion, may

[illegible]

[illegible] the success [illegible]

[illegible]

[illegible]

[illegible] astonished. [illegible]

[illegible]

[illegible] may be reading [illegible]

[illegible] sausage [illegible]

[illegible]

[illegible]

show as

dark color, and by its

[illegible]

[illegible] it will be necessary [illegible]

[illegible] a point, with the finger.

[illegible]

III Volume.

placed over the

compression, as [illegible]

[illegible]

[illegible] matter over the course of his military [illegible]

[illegible]

[illegible]

[illegible] shall in [illegible] resort to some [illegible]

[illegible] way to come with a [illegible] name,

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] but is not so much [illegible]

[illegible]

[illegible] or [illegible] [illegible]

[illegible] or [illegible] [illegible]

[illegible]

[illegible] consists in essential and [illegible] [illegible]

[illegible]

[illegible]

[

[illegible]

[illegible] added his objections upon the b[illegible]

Record of

My Class.

by

Robert Boyd

of Maryland

Class of 1[illegible]

Case I.

Chas. Parker, colored, aged thirty five, a laborer by occupation, while digging in a bank on Tues. Sept 1st 99, the bank caved in on him, crushing the left femur in the upper part of its middle third, the lower end of the bone transfixing the integument. Entered Hospital about 5 o'clock P.M. same day. Femoral & tibial & radial vessels found pulsating well. The leg was put up temporarily in splints

anterior splint and treated with carbolic acid lotion, & on gen. principles the limb was attended with the utmost care, but notwithstanding the precautions taken to prevent it, suppuration made such havoc in the joint as to make amputation at the hip joint necessary to save patient's life. Amputation was performed by professor Johnston on the morning of the 20th ~~Sept~~ of October, just a weeks after injury.

Aether was the anaesthetic used, which patient inhaled well. An incis was made by Prof Johnston (after explanation, very fluently on the case) on the outer side of thigh, commencing at the present opening & extending upwards several inches for the purpose of performing Resection if possible, by bevelling edges of bones & attaching by silver wire, & thus to save limb. Said incis being made in such a way as not to

interfere with amputat at hip joint should such an operation be deemed necessary.
After exploration through this incision of the state of affairs the destruct of tissues was deemed so great that amputat at H. J. was considered necessary.
It was done by the Lateral flap method, The outer flap was cut by incision, head of femur removed from acetabulum, and

inner flap was cut by translation, down to the bone being buttressed closely so as to clear the femoral vessels.
Haemorrhage was arrested primarily by Listers abdominal tourniquet & secondarily by the hand of a famous & trustworthy assistant — following the knife, & clutching the femoral vessels firmly, in the inner flap.
The operation was done very skilfully, & there was remarkably small

haemorrhage.
Vessels were tied, flaps were secured loosely by silver sutures, after insertion of a drainage tube, such stump dressed with sanitive oil & oakum. Patient Recovered from the effects of the ether very much depressed, but by the free use of stimulants, viz – whisky, cast. amon. & musk, rallied, and got on very well.
Evening after Operation, Temp. 103 Pulse 130, Exhibition of stim.
October 2nd morning, Temp. 103,

pulse 132. patient doing
well. Evening Temp fell to
101. Pulse 118. Patient
comfortable. Stim. treat
cont. 22nd Morn. Temp 102 2/5
pulse 125. ℞ Quin Sulph.
Pat doing well Sig. milk,
whisky, punch, & carb ammon.
——. Evening Temp 101. Pulse
108. 23rd Morn Temp fell
to 99. Pulse 104. patient
comfortable, same treat.
evening. Temp 101 p. 110.
24th Morn 7. 99 P. 99. pat
much worse. delirious
all morning. Quin stopped
Eve. Temp 100 P. 106. pat

better. 22nd Morn. T. 99 P.
99. pat Recovered from
state of depression about
10 o'clock. took some
nourishment. head still
opened to let out some
retained pus. 26th Morn.
Temp rose to 102 Pulse, 108.
Evening T 106, P. 126. R. Pain
Sulph ——. 27th Morn Temp
102, pulse 90. Liq Ammon
acetat. 3ss. every two
hours. feels much better.
had good operation on
bowels. Evening. Temp 101
pulse 96. Rain Stopped.
28th Morn. T. 99½ - P. 90.

Z Bark ℞ ℥ss every 2 hours
evening. Temp. 105. P. 112.
29th morn. Temp. 103. P. 130.
feels good. evening Temp. 99
P. 112. 30th morn Temp. 103
Pulse 100. a little worse.
pulse quick, highly delir
all morn, ℞ Quin sulph
grs ~~[illegible]~~ Whiskey ℥ss.
every 4 hours. Afternoon
Temp still up, condit
about same. 2.30 P. M.
whisk ℥iss. in milk 4. P. M.
Muriat & Common Carb. fat
remained about same
until 8 1st morn Temp 105
P. 100 fat very weak. Noon pt.

but died at 4 P.M.
The operation no doubt prolonged the patients life, as he lived long enough to have the stump heal very nicely, and a cast of it to be taken which can be seen in the college museum.
This shows the entire success of the operation in itself and that it was the only proper surgical procedure under the circumstances.

Case II.

Josiah Miller, aged 52, tall & slender, in good health generally entered Hospital September 24th, with the following History. has had difficulty in passing water ever since a child according to his statement. passes a very small stream. thirty years ago he had gonorrhea. he does not know exactly how long has had this difficulty. Diagnosis, stricture of the Urethra. Yesterday, at 12 o'clock M, he tried to pass water, which on account of being relaxed by his stricture, he hastened,

or tried to hasten by the force of his abdom muscles exerted through the medium of the intestines upon the bladder. When his urethra gave way on the perineal side of the stricture, producing extravasation of urine in the connective tissue of the groin & scrotum of that side, causing swelling of those parts.
Scrotum (on examination) intensely swollen & edematous & bladder distended. Our pain on pressure has passed no water since 6 P.M. Saturday 26th; now 2 P.M. Sept 27.

Treatment for the present.
Laborandi ℞ Ext. Jabs. mov.
& Rest in horizont position
with warm coverings.
Dr Johnston passed (in afternoon) a filiform whalebone bougie, & passed a dilator on the bougie drawing off water, and leaving the filiform behind.
Evening, had some fever.
℞ Tr Opij gtt xx Amm sulph gr x
Cap Decubitor.
28 Has been suffering pain but feels easier.
Dilator passed, & urethra dilated to admit no 14 sound.

to have enema ℞ Olij ricini, gtt xx, (all the good food he can eat, & milk punches) every three hours. ℞ Quin Sulph gr x. ℞ Olij gtt xx. decubitus hora. 29th not much appetite. made water early this morning but it was from the incisions which by the way Dr Johnston made immediately on learning of the extravasation, pretty freely in order to relieve tension & permit the expulsion of the extravasated urine. 30th worse. feels sore, from cutting yesterday. Oct 1st much better; slept all night. Oct 2nd same. 3rd about the same

appetite good. 4th, Bad. great deal of fever last night. Quin Sulph. gr x last night, & this morning, & gr v of same to be given t.d. hereafter. Had passage this morning from a dose of Rochelle salts exhibited last night. 5th Same, appetite poor. Skin of scrot, & covering extravasat parts beginning to slough away. House Tonic ℞ Zd. 6th about Same. Does not sleep well in spite of anodyne. Skin slough cut away to prevent danger of its presence. Whole testicle bare. 8th gth granulations beginning to cover the exposed

parts, & takes the place of the destroyed skin. Doing very well. 10th, 11th, 12th & 13th steadily improving. 14th decided less better. Lower part of scrotum still sloughing. 15th has cough at night. ℞ Sep Scilla, Ecaunth. Infusi ana ℥i tid. 16th, 17th, 18th doing very well. Adhes strips ordered to be applied to scrot. 19 had a chill this morning, about 8 o'clock. Quin Sul. grx tid. 20. Fever all night. 21 doing well. Lower part of scrotum still sloughing. 26th small quantity of urine passed through scrotum.

The affected portions went on steadily to heal from this time
the urine finding the natural passage freer than the unnatural one, passed out of the body by the former channel, the testicle was covered by granulations, rendered minimum by approximat of the healthy edges of the skin & the granulations were cicatrizing nicely when the pat was discharged
Thus he will suffer little inconvenience, but have cause ever after to remember his early indiscretion although prone to deny such irregularity.

Case III.

Annie O. Waters, ~~born~~ aged 19, a student, entered hospital Nov. 4th 79, with the following ~~symptoms~~.

History.

She began menstruating at eleven years of age, and has been irregular ever since. suffers from Menorrhagia. Only pains in Lumbar & Hypo gastric Regions, at Catamenial periods. She says she has spasms. that she loses consciousness, and finding tongue sore when she recovers. the spasms do not appear at

menstrual periods. None of her family were ever similarly affected.
Put on Pot Brom grs v, Chloral hyd grs viii 7.d. 8th pat looks well, good appetite &c. very nervous &c. 10th about same. 11th Is reported to have behaved queerly, and staggered in walking. has some faintness today. House Tonic, ℥j. aft meals 12th better. 13th about 4 AM had a paroxysm, with foaming at mouth, and Opisthotonus. appeared to be profoundly unconscious. relieved somewhat

by sponging with camphor water. Diagnosis probably Epilepsy. ℞ Pot Brom grs x. Chlo hyd grs viii. At 7 p.m. had another attack, which was aborted by the inhalation of chloroform. Opisthotonos present, pupils which during paroxy could not be seen, immed after were dilated & scarcely not respond to light.
There was a dist cyanot tint in this ~~paroxy~~ paroxy, with stertorous breathing. ℞ Pot brom grs xx, Chlo hyd grs v, pat fell into quiet sleep.
14th Had another paroxysm

At 1 o'clock A.M. there was some doubt as to the apparent total loss of consciousness. the fat was irritated by pins which she manifestly did not enjoy. this excited the suspicions of the attendants as to the epileptic character of the affection. on examn of the pts tongue there were no signs of rough usage which are invariable pres in true epilepsy. The fat & her complaint were then treated lightly & she has had no return since.
The Diagnosis was then made hystero Epilepsy. 1st ty fat-

eat good breakfast this mor, & resting quietly. 15th no more paroxy. Tongue coated quite white. 16th no more spasms walking around. 17th better. complains of pain in side of head, & now menstruating. Pat was discharged Dec. 12th. This an example of a case which may be taken by a careless observer for genuine epilepsy.

CASE 16.

Theresa H., aged 33, light complected, was admitted into hospital, Jan. 6th, 1880. She stated that 4 years prior to the time of entrance she had had a difficult labor and has been unwell ever since. Has suffered great pain in lumbar and hypogastric regions. Locomotion interfered with. Has had depressions every two weeks since, up to about 3 mo ago, when they ceased entirely. Patient first noticed enlargement of abdomen about 18 mo ago which became

bacon and omelettes alternately, pat. stated that the tumours began on right side, and spread to left, at time of adenia, and was equal on both sides, & very tender. Given Iodig gtt x at bedtime. also Pot acetas grs. Potbitart, grx. & Digitalis gtt x every 4 hours.

9th Pat slept very well but much constipated. Focus on the base of tumour elicited. Bowel Rebound. grs Given. Salf fulv ℞ which acted freely & relieved her. Dry tumour was tattered, fluid drawn off and pronounced to-morrow. Opium

Micturition. 9th. Feels better.
10th. Same. 11th. Comfortable
but tumour enlarged and
painful on right side on
pressure. 13th. Tumour filling
up and some ascites. Urine
urin examined microscopically
shows casts & 1/5 of about 1 serum
albumen detected. 14th. About
the same, still constant &
painful pressure on right side
was excited last night and
did not rest well. 16. Same.
has pain in right side of abdomen
& down thigh. 19. Slept well
last night, but still stiffness
in right leg particularly thinner.

some oedema also noticed of same. 21st Not much pain except in leg. Digitalis stopped & Sulph of quin grs ½ td given.
30th Progressively weakening to the present time. Was first seen by Prof Howard today at 1 o'clock in the presence of Prof Chew, Drs H. H. C. Wilson & other Physicians. The peritoneum was so thickened as at first to be taken for the sack but soon the sack was recognized. The sac was found to be degenerated sarcomatous & containing a semi-putrescent gelatinoid which was removed together with

the sack, firm adhesions to mesentery and intestine. Peritoneum was intensely inflamed. These ligatures were cut after being tied, proximal end returned into belly, & drainage tube & gauze inserted, & wound secured. Podiskin was administered, hypodermic & hot bottles applied to set up surface action. Given milk, which was given each hour. Pat got along very well, much relieved, but not having fully recovered from the anesthetic depression, her only possible prognosis was guarded.

namely, she died on Tues February 3rd at 12 o'clock P. M.

Case V.

Miss J. B. aged 16, rather fat, otherwise perfectly healthy, (O. E. tumour) was admitted into Private room of Infirmary Jan.... 1880. Pres Hist is as follows:— About 3 mo ago came forcibly in contact with a hard body and one mo afterwards, first noticed a swelling on the sup. marg. about the root of the Canine tooth of left side.

This was mistaken for a gum boil and lanced, which manipulation disclosed the error of diagnosis, no pus being present.

The tumor continued to grow so as to render her unsightly & she was obliged to remain indoors, & partially secluded herself.

On entering the hospital the pat possessed a large swelling on the superior maxilla about the size of a fist not painful nor otherwise annoying itself by its presence.

Prof Tiffany saw patient.

previous to admission and pronounced the growth to be an epulis or osteosarcoma. Excision of the jaw brought her entrance into hospital under advice of Prof Tiffany who was to do the operation.
Jan 6th was the day appointed for operation but as it was cloudy & oppressive it was postponed until Thursday Jan 8th at 10 o'clock A.M. on the morrow inquest, patient was anesthetized with chloroform and Prof Tiffany in the presence of Prof Atkinson & others

performed the operation.
It was preceded by a provisional tracheotomy, the skin being divided over the right of the crico thyroid membrane, and very cautiously as there was a vascular enlargement of the thyroid body.
The actual cautery was tried to divide the veins, but failed to check haemorrhage, so the veins were very large. The veins were secured by strings. The membrane was cut with the knife, & afterwards the incision was enlarged with the cautery. a tube was then inserted, and the

patient inhaled, the chloroform ~~[illegible]~~ through it. Next the pharynx was packed with sponges, secured by strings to facilitate removal.

The jaws were separated by a wedge, & the incision was made along med line of upper lip around ala of nose on left side, & up to the ang. clearing the inner canthus & punctum. The cheek was raised, by dissecting away the lower lid, much oozing from the surf of tumour. The pat now showed distinct signs of asphyxia, in fact ceased to breathe, and the pat

was inverted, & maintained so
by sev assistants; artificial respirat
being practiced, auxiliated by the
Faradic current, & fat potion well.
This manoeuvre was repeated sev
times by fat; with same treat.
Whisky was now given hypodermically
about 30 oss. & a few oz sherry,
and hot bottles applied.
Oozing was stopped by the
actual cautery, & hard and soft
palate were divided by the same attack of
Intermax ~~attack~~ division was started by
scissors & finished by forceps. Right
one blade was placed in orbit, other in
nose, & this attack divid, right one
out to mal & below & other in orbit

malar attach. was divided, being started considerably prior to this by saw. The bone was next wrenched from its Pterygoid attachment & liberated by a few strokes of the knife. Wound was left open to drain, & the cheek flap stitched back in position, fine sutures being used wherever necessary, and more sutures intervening. Surplus wound below tracheotomy tube was united by two stitches, and flat removed from the amphitheatre on table, and patient was carried to room. Was left on table to react before being

put to bed. Took chicken broth about 2½ every 15 min. alternate with milk and hot coffee swallowed with much pain & difficulty. water ad lib. Evening. Pat much depressed complained of soreness of limbs from hypodermics especially those of arms. small piece of soft linen cloth washed over incision. Pat relished milk more & took more of it. did not sleep at all during night, ordered not to be allowed to sleep more than 15 min, fear of collapse. Temp about 10 o'clock 103 4/5 = Pulse, 126 Resp 30.

Tracheotomy tube very annoying
very fretful & cut from profound
depression. R. Potash ℥ij every 4 hrs
in milk. 12th dose produced emesis
as too strong. Was ordered gtt.
took gr v sul cinchonid in solut by
mouth, & immediate emesis resulted
as given by rectum. Opinion
P.R.N. Jan 9th Tracheotomy
tube removed, & he exceedingly
happy, but continue to do well
until Jan 12 about eleven P.M.
nose & right cheek looked pallid
red & felt hot, pronounced by
Dr Bruce Thomson to be erysip
confirmed by Dr Tiffany. Treat
with collodion & Tr ferri perch by the

Cotton dressing was changed for wet cloths which were more comfortable & were increased to qdt L x every two hours. Gradually went down for week after causing ~~[illegible]~~ slight sloughing at the inner cantus of eyes & about the Tracheotomy wound.
The sites of Hypodermics also became inflamed some suppurated & sloughed & pat left hospital on Jan 23rd with both legs showing a few deep, fairly tolerable large sloughs of formation, disabling occupation of patient, and improving from

this state, strength gradually returning, & face healing very kindly, we last heard from patient, who is going on slowly to recovery, a monument of the success of the operation and the skill of the performer, surmounting intricate difficulties in a way only to be seen to be believed.

Kindly presented to.....

Case VI.

John Miller, aged 40 colored, a laborer, entered hospital Dec 22nd. 99 under charge of Dr Johnston. Could get little of past history from patient, as he was imbecile, and his friends were almost in ignorance of his condition.

8 days previous to entrance, his attend. physician noticed a swelling in the right scrotum. When brought into hospital, had been sick all night and he had been constipated for 4 days. On examination, the right scrotum was found to be swollen, painful, seemingly involved testes being

perceptible three hard tumours which grated perceptibly on each other, was diagnosticated irreducible hernia with scybala. Dr Johnston Diagnost prof enchondromata of the testicle. Given an injection of castor oil, turpentine & warm water, which produced three large evacuations. 7th Opij gtt xx. 6th appetite & sleep good. No pain & feels good. 7th pain again present. Given 2 cc pills followed by injection in the middle of day & later. & two copious stools followed. 8th Breakfast light. was operated on in anesthetic. scrotum vsae opened & wall of bowel seen protruding pushed out by what proved to be

the end of a small bone.
All the tissues showed signs of chronic inflammation, bowel & sac each thickened to nearly ½ in. each, and bowel strongly adhe to extern ring, making reduction impossible. Bowel was then opened, 3 chicken bones removed (Femur, Humerus & Ulna), bowel was stitched up with 5 silver wires, and sac & skin drawn over it & secured by sutures, a drainage tube having been inserted.
Acc bag was then applied, & patient fed did well.
Oct. 10. No breakfast. took some gruel &c. no vomiting or purging

10th. had good operation from bowels. with no sing or purulent admixture. Scrotum was swollen & not much suppurating.
11th. Couple passed through drain tube; two stitches were removed, and an artificial anus passed, in small intestine. or fecal fist.
12. another chicken bone found in ~~[illegible]~~ Scrotum and removed. 13. does not seem to give nourishment taken as fluids before absorbed.
14. about the same. 15. food not suffic absorbed, so dr ordered of beef tea & jiss brick gel. & acid hydrochloric dil. gtt x ter die.
16. Scrotum infiltrated with fluid

of an adhesive nature and the bowel was found ulcerated below the sutures.

19. Given injection, operated, & then Duplay's operation for entero-stomy in case of crureal hernia was resorted to by Prof Johnston under settles. Duplay's forceps were inserted, clamped & pressure commenced to be increased gradually so to cause adhesion, followed by ulcerat of one bowel into the other, & establish a passage from the scrotum. 18th Sat down very well but has eaten no breakfast 19. forceps tightened. food produced emesis. slept badly. J. Rathbone M.D.

Chloral hydrate gr xx at night.
20th Better. digestion good. appear of
bedsores over post surf. of thigh
22. sack protruding through
scrotum. Drain tube removed
scrotum opened. 23 large portion
of stools passed per anus. appetite
fair. 25 Clamp removed, as bowels
bound down. 29 scrot bandage
to reduce sack. 31 sack much
reduced, put loosened bandage,
at night, enterotomy applied but
not so tight as before. pain.
Tr Opii gtt xxv. 31. Slept well,
good appetite. no pain to speak of
Jan. 1st 1880. Patient removed the
clamp himself. Stools becoming

blades were in close apposition.
bowel same as before first, 2nd
clamp applied again. less fecalent
discharge, 4. no constipation from
bowel & small discharge from
wound. 9th improving. Clamp
was removed after cutting through
the intestinal walls.
12. Patient passed feces through
anus entirely & the fistula was
compressed. Bowel constipated
& second clamp applied, in order
to separate portion of bowel in
the sac from abdominal portion.
in afternoon had a chill. ℞
Quinisal, gr. x, & gr. v. Tab. ℞
The clamp was applied eighteen

as part of the bowel slipped through it, & out of the wound. 18 clamp taken off, & drain, suture put in scrotum. evacuation last night. 21 scrotum contracted on over bowel. 22 some of bowel protruding. 23 slough came away, bowel still more protruding. 25 Bowel sewed up with silver wire, & put back in abdomen cavity, stitches being cut off short, skin securely stitched together, and a drainage tube inserted. 27 Little fever that night but better this morning.
28. doing exceedingly well.

20 tube removed, has little discharge from upper part of wound, Feb 1st doing well, very little discharge from wound at all, and healing very nicely. Feb 9th Exhibited in amphitheatre, & pronounced well enough to go home which he will do in a day or so.

The temperature in this instance ranged at an average of 99° Fahr Pulse about 100 nor did the drop exceed this but once, the second night after the last manipulation, when it rose to 101° Fahr.

A Thesis on
Pulmonary Emphysema.
dedicated
to
Provost, Regents and
Faculty of Physic
of
University of Maryland.
for
Degree of Doctor of Medicine
by Arthur W. Watts. of N. C.
Sessions 1879 & 80.

Pulmonary Emphysema.

This is a chronic disease, by the term we mean a morbid enlargement of the pulmonary vesicles or Emphysema Vesiculare, due to the accumulation of air within them, or any infiltration of air into the sub-pleural and interstitial connective tissue or Emphysema Interticulare, Various theories have been advanced, all bearing upon the cause of this disease among the most prominent we have the following, first that of inspiration, which theory is as follows, that Emphysema arises through immediate or too long continued inflation of air cells during an act of inspiration.

which abnormally distends, those cells which are not obstructed by plugs of mucus, or not collapsed, thus leads to permanent dilatation of the same, but this theory is not thought to be of much value by a great many of the authorities, & by others is said to be the only true cause.
Next we have the theory of expiration, in this the disease is developed by the glottis being constricted, which interferes with the free exit of air, thus causing a distension of the vesicular walls, should, either of these theories be sufficient to cause the disease, the upper portion of lung would be involved.

Again this disease may be caused by perforating wounds of the chest or injury of a lung by the extremities of a fractured rib, excessive distension of sub-pleural, interstitial connective tissue, often arises from a violent paroxysm of coughing, from this cause is sometimes developed in young children during an attack of Whooping cough. Advanced and adult life furnish the greatest number of Emphysematous patients, when the "Catarrh Sac" is prevalent, exciting causes such as lifting heavy weights, playing upon wind instruments, & the like, may be instrumental in causing this disease, but sometimes the cause is unknown

Gairdner attributes the affection to obstruction of the bronchial tubes, incident to bronchitis, but he supposed that the obstruction from plugs led to collapse rather than to dilatation, of the cells communicating with the obstructed tubes: then if collapse of pulmonary lobules results, I would infer that a larger amount of air would enter the cells (on account of forced inspiratory action) communicating with unobstructed tubes, & cause dilatation of these cells, so I should say that the disease depends as well upon dilated cells as upon collapsed ones, though dilatation seems like a se-

gude to collapse for when air cannot enter the obstructed cells there will be more to enter the other, consequently cause permanent dilatation of the same.
There are also internal causes which helps to lead to Emphysema such as Pneumonia & Hypostasis, or from an external cause as Pleurisy, these diseases render the lung tissue inexpansible & then Emphysema is set up in healthy portions of lung without any other predisposing cause.
There are many symptoms indicative of this disease but comparatively few which are relative to Emphysema sufficient to make

a diagnosis beyond a doubt.
The most prominent subjective symptom is dyspnoea, this dyspnoea is greatly increased by physical exercise, when the disease is far advanced only slight exertion gives rise to considerable dyspnoea, & when there is but a slight attack, considerable exertion causes very little dyspnoea. This dyspnoea is thought to be caused in the following way, there must be a sufficient amount of air in the air vesicles to be essential to the natural performance of oxygenation, & if the lungs do not expand sufficiently to admit of this amount of air during inspiration & if contracted

or collapsed during expiration, the air within the air cells is not kept pure, so neither can the carbonic acid formed within the body, be eliminated from the blood, nor can the latter obtain sufficient oxygen to meet the requirements of the system, this will of course give rise to considerable dyspnoea. A cough is usually present which depends mostly upon a bronchial irritation, unless bronchitis exists there is seldom a cough. The expectoration varies according to the amount of accompanying bronchitis. In advanced cases there is a peculiar dusky puffy appearance of the countenance, which contrasts

with the general appearance of the wasting body, the nostrils generally expand with each inspiration voice feeble husky, the patient stoops when walking, this whole body bears a general cachectic appearance.
There is a gradual though steady loss of flesh, & strength, the pulse is quite feeble, & below the normal standard, There is a general disturbance of the capillary circulation, which seems to be very sluggish almost indicating general anasarca. The distension of jugular veins & lividity of face & hands points unquestionably to interference with circulation of right side of heart, Some Authors contend that during an attack of Emphysema,

the heart, liver & diaphragm are displaced, while others say that an Emphysematous lung makes no pressure against its neighboring parts, for if it did we would have some pressure made on surrounding chest walls but it is said an Emphysematous lung can have no resistance to the contraction of the chest walls.
The paroxysms of coughing are, as a general thing very characteristic, the attack comes on grows more & more severe, when it has reached its climax the face & hands become livid & the patient is completely exhausted. Vertigo is a common symptom & generally occurs during a fit of coughing, & point to in-

interference of return circulation from head. In advanced stages the feet and ankles are often oedematous, the result of cardiac or renal complication. More or less disturbance of digestive organs, depending greatly upon Catarrh of Stomach (Flint) The functions of kidneys are more or less disturbed. Emphysematous patients are specially liable to hemorrhoids very often have profuse bleeding from rectum. Other symptoms are more or less indistinct depending upon interference with circulation.

Physical Signs are very characteristic, and I will now proceed to speak of them

First by inspection we notice alterations in shape & movement of the chest, the sternum is unnaturally high as if from congenital deformity. There is also to be seen as a general thing a bulging of the infra-clavicular and mammary regions, which gives to the chest the well known rounded, "barrel shaped" appearance. The scapulæ will be brought forward there will be an antero-posterior curvature of the spine which gives to Emphysematous patients, an habitual stooping posture. As I said before the muscles of the neck are unnaturally prominent, the intercostal spaces seem to be more contracted below than above, if the Emphysema is extensive the heart

beat will be found lower down than usual or even the median line, this is due to an increase in the size of the heart, or to the crowding of it to the right side and lower down. Sometimes when the general symptoms of Emphysema are well marked, the lungs are atrophied instead of dilated & consequently, there is no bulging nor prominence of the chest. The movement of the chest walls are also altered, the whole chest moves up & down, as though it were formed of one solid piece. Respiratory efforts are labored the breathing is chiefly abdominal, the diaphragm seems to take a more active part

in respiration than do the chest walls. It is said that in far advanced cases, inspection alone is sufficient to diagnose the existence of Emphysema. On palpation the vocal-fremitus may be normal or it may exceed or fall below the normal standard. Vocal fremitus is increased in Senile Emphysema. Percussion sound increased in intensity — the pitch lowered, pulmonary quality — is greatly diminished it becomes vesicuto-tympanitic. On auscultation, the inspiratory sound is either weak or feeble or altogether suppressed, while the expiratory sound is greatly prolonged, the ratio being as one to

four, instead of as four to one, as is normal. Pitch of Expiratory and Inspiratory are longer than in health, as a rule. In some extreme cases the Inspiratory or Expiratory sounds are of equal length, of a harsh, sibilant, or sonorous quality, the harsh quality undoubtedly due to diminution in calibre of the minute bronchial tubes. Vocal sounds vary, they may be diminished or altogether absent, or their intensity may be increased. Heart sounds are feeble.

Slight Emphysema is not very readily with certainty diagnosticated, but those advanced cases which give rise to marked dyspnoea, cyanosis are easily distinguished by a physical

examination of the thorax, from other diseases characterized by similar symptoms. The disease with which Emphysema is likely to be confounded is pneumo-thorax. but if the physical signs of the two diseases be properly appreciated, it will not be difficult to distinguish them. In Emphysema the percussion sound, tympanitic in character still retains a pulmonary quality vesicular element to the respiratory sound. While in pneumothorax the percussion sound although tympanitic in character has an amphoric respiratory sound with no vesicular element. Emphysema affects both sides, while pneumothorax af-

fect — but one, Symptoms of pneumothorax come on suddenly, those of Emphysema are slowly developed. never are so urgent as those of pneumothorax. The diagnosis of Emphysema may in some cases never be made out in life, but we should always bear in mind its probable existence, when treating those pulmonary diseases in which it is liable to occur.

Emphysema rarely if ever directly destroys life, but when once developed is never recovered from fully, since facilates the person to a greater or less degree, for active exercise or manual labor, which renders life at least very uncomfortable.

It is thought that Emphysema adds up a certain degree of protection against tuberculosis depending very probably upon the bloodlessness of the lung, especially at the apex. It very strongly predisposes to Bronchitis recurrens. Existing bronchitis more severe. Emphysema complicated by acute bronchitis of smaller tubes is quite a grave affection. Again Emphysema develops heart disease, the impediment to the pulmonary circulation, which is the result of the Emphysematous changes in the lung substance, gives rise to an overloaded state of the right side of heart & leads to permanent dilatation & hypertrophy of their walls.

Insufficiency of the tricuspid valves follows & the resulting regurgitation through the tricuspid orifice into the right auricle, causes an obstruction to the systemic-venous circulation & as a result we have congestion & permanent disturbance of the Liver, Kidneys etc. We should always consider the complications in giving a prognosis in cases of Emphysema.
The occurrence of these secondary affections renders Emphysema a serious form of disease. It is undoubtedly a more serious affection in childhood & adult than in old age. Once thoroughly established it is impossible to cure it. So the prognosis is unfavorable generally, not because-

it causes death directly, but on account of the indisposition it causes to the person during life. According to Dr. Loomis the treatment of this disease should be considered under two heads, 1st the treatment of the disease itself, 2d the treatment of secondary changes in other organs, induced more or less by the Emphysema. The changes which take place in the lung tissue during an attack of this disease, being the result of imperfect or disordered nutrition we may reasonably expect improvement by improving the nutrition so the degeneration may be checked or corrected, & elasticity of affected lung

may be restored, the drug which is of the greatest service in remedying this faulty nutrition, is iron, it should be taken daily with meals for a long time. Dr. Flint prefers for this purpose Tinctura Ferri Pulat, Pelterra, I think I have seen good results — follow the use of Pr Ferri Chloridi. Small doses of Quinia may be given with benefit with the iron.

If an Emphysematous patient has dyspeptic symptoms, the mineral acids with bitter vegetable infusions will be found to be of much benefit. When there is much Anaemia, Cod Liver Oil is of much service. Stimulants — such as Ether vapour may be taken in small

gurgitation during or after meals, which often gives beneficial result. The periodical administration of an emetic has been advised, the object being to compress the distended vessels through the pressure exerted by the act of vomiting in hope that continued repetition of this process might effect gradual decrease in their size. Habitual wearing of flannel next to skin, stimulant to the chest, baths of warm water or vapor are all good. The excellent though only palliative measure is the inhalation of compressed air.

Though the management of the patient or regulation of his diet is of vast more importance than the

medical treatment. Diet should be of the most nutritious character & composed largely of animal food. Stomach should never be overloaded. Food should be light & digestible as possible, very little liquid should be taken into the stomach. Exercise in open air should be taken systematically, but fatigue should be avoided. Also violent exercise or great physical exertion should be prohibited. Emphysematous patients should not expose themselves to cold. All localities which predispose to Asthma & anything which may cause dyspnoea should be very carefully avoided.

The patient should live in open

air as much as possible in a locality — where the air is pure & fresh, so that there will be nothing to interfere with respiration, better to reside where the attacks of dyspnoea are less severe. Of these complications, bronchitis, which is generally chronic in character stands first, the best thing to do for this is to change climate & pay strict attention to hygienic rules, but the Iodide of Potassium is considered very serviceable, given in doses from 5 to 20 grains 3 times a day, & should be continued for a long time. Complications affecting heart & kidneys should be treated as Cardiac & Renal diseases, & always

keeping in mind the existing Emphysema.

Arthur G. Watts
Students Building
Balto City

June 20. 1879

To Faculty of University of Md.

Thesis!

A. M. Shillow

Diphtheria.

[illegible]

[illegible] constitutional diseases.
This question [illegible]
[illegible] mind of every physician who is thrown in contact with this dreadful disease. Opinion is divided, and many able medical minds are enrolled upon both sides of the question. I will make no authorities bearing to either side of the question, but will [illegible] observations made of the most [illegible] Diphtheria is drawing

a local disease in the
[illegible] of [illegible] but
it is hard [illegible] to
[illegible] how any one can see
a patient [illegible], and
the disease from fatal
in the space of twenty
four hours, not [illegible] but
that it is always [illegible].
This is undoubtedly not
true in the case of [illegible]
there must have been a
previous systemic poisoning
which manifest itself
suddenly and rude as
necessary to be an
[illegible] [illegible].

the first case in a person is almost invariably preceded by constitutional symptoms: that is, the poison is received into the blood and brought through a stage of incubation before showing its effects, while the case which follows usually shows it happening in the path of the poison, before any constitutional symptoms are manifest. If constitutional, the localized effects will not be felt

[illegible]
effects come follows.
What the connection
between it and other bodies
to difference phenomena
observed in diphtheria
is at present unknown.
Some believe it to be a
peculiar virus, others
bacteria; while a third
class hold it to be
of septic [illegible].
It is to be hoped that
the true cause may be
recognized and the
way opened to stop the
[illegible]

[illegible] which has been [illegible]
[illegible] the [illegible]
Question — How are the
[illegible] of light to
[illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible]
variety entrance by [illegible]
[illegible] [illegible]
at least three-fourths of
[illegible]

The disease commences with slight photophobia, a feeling of general uneasiness and slight swelling of the palpebral glands. After a few hours, slight fever occurs accompanied with headache, furred tongue, and constipated bowels. The secretions generally found in the first stage are scanty, pale, and of a yellowish color. After about a week a transparent effusion takes place in the uvula, before the formation of the false membrane.

[illegible]
time from five to fourteen
years; and, if the child es-
cape invasion of the lungs,
it is generally [illegible]
at the end of this pe-
riod. This form of the
[illegible]
[illegible]
[illegible]
with the other forms.
There is one point, however,
which [illegible]
should keep in view—the
liability of the disease
invade the lungs, in
[illegible]

[illegible] occur in the simple
[illegible] in [illegible]
this [illegible] [illegible]
[illegible] [illegible]
Experience has taught
[illegible] [illegible]
it is not of large [illegible]
it is well, absolutely well.
[illegible] the [illegible]
it will [illegible]
again.

Cowpeas — This variety
[illegible] [illegible]
characteristics [illegible]
[illegible] [illegible]
[illegible] the [illegible]
[illegible] [illegible]
[illegible] the [illegible]

is first attacked with the simple or non-depressed form: the [illegible] brown forms first on the [illegible] of the fingers, the [illegible] of the hands and the [illegible] of the [illegible] of the [illegible] the [illegible] is [illegible] and [illegible] depressed follows. The [illegible] hand grows warm and [illegible] the [illegible] the [illegible] the [illegible] [illegible] [illegible] [illegible] [illegible] the exception. I have [illegible] [illegible] [illegible]

of which died, except one. Miliprant — if the measurement, the symptoms are alarming; and the most [illegible] can readily see that the patient is in imminent danger of losing his life. There is intense nausea, [illegible], vomiting, and high fever. Vocal [illegible] is [illegible] with immense enlargement of the submaxillary, parotid, and cervical glands. The throat, tonsils and palate [illegible] with the

[illegible] secretion, [illegible] [illegible] brown, and sometimes black, [illegible] breath a very offensive odor. The membrane [illegible] extends to the [illegible] completely [illegible] the [illegible] and [illegible] discharge. [illegible] comes from the nostrils. [illegible] which the [illegible] extends to the pharynx and [illegible], in fact [illegible] the [illegible] and [illegible] [illegible] position [illegible] [illegible] cases exists from the first; in all cases it

[illegible] early in the dis-
ease. The pulse is rapid
and extremely feeble. Diuresis
generally [illegible] in from
three to six days in [illegible]
cases preceded by [illegible].
[illegible] been seen [illegible]
terminated fatally in
thirty-six hours. The fever
of the disease is very fa-
tal, the death rate of
recent [illegible] cases estimated
at [illegible], of [illegible] cases
of twenty-five cases of
not [illegible] diphtheria in
the [illegible] in the [illegible]
of 1878, [illegible] of which

[illegible] and [illegible] recovered, after a long and tedious convalescence. Of the fatal cases, all were girls; not one of the boys died. Thus were [illegible] in the prime of life of long established in the community.

Diagnosis — With practical [illegible] the diagnosis is easily made; no one can mistake the disease who uses his common sense and judgment. The false membrane is pathognomonic. [illegible] difficulty may arise in diagnosing [illegible]

[illegible]

[illegible] diphtheritic [illegible]

[illegible] disease [illegible]

epidemic. There is no [illegible]

[illegible] attack the nose

and in such cases [illegible]

[illegible] being [illegible]

false membrane exists in

the [illegible]

[illegible]

Prognosis — The case of

diphtheria is entirely free

from danger. In the milder

and cases of simple

diphtheria, the membrane

[illegible]

[illegible]

its gravity is generally proportionable to the local complaints. Great tumefaction of the neck [illegible] tension false membranes, high fever, with rapid and weak pulse, point to a fatal [illegible]

Contrary [illegible] the progress of the disease, it is [illegible] low; it indicates an extension of the false membranes to the alimentary canal, causing death from [illegible]

which proved fatal on the [illegible] day. Hemorrhage, caused by the detachment of the [illegible] of a gran zone.

Treatment — This is a question which has [illegible] profession for many years, and is quite likely to remain under consideration [illegible] the etiology of this disease is [illegible] different theories of [illegible] tation [illegible] based upon such different theories, that [illegible]

more calculated to perplex, than enlighten the student. Hence, believing the disease to be local, and their main attention [illegible] local treatment, while other [illegible] believe it to be constitutional, address their remedies to the system. Which view shall we adopt? I think the proper course is to accept both, and treat the disease according to the special indications of each individual case. [illegible]

but use the various remedies to produce the special effect desired. I will divide the treatment into local and constitutional. Local — local treatment should be used only in severe cases, and if properly conducted is of undoubted utility. The old plan of touching the throat with strong caustics belongs to the past, and should only be mentioned to be condemned. Carbolic Acid is a remedy of great value, and may be used as a-

[illegible] application [illegible]
[illegible] It possesses the
power of [illegible]
[illegible], and if this be the
[illegible] of the disease be
[illegible] in the case of the
[illegible] solution and the
[illegible] [illegible] [illegible] and
[illegible] be [illegible] into the
stomach and an emetic
[illegible] [illegible]. Prof Scott con-
[illegible] the following.

℞ Acid Carbolic gtt. VI–X
[illegible]
Aqua [illegible]
[illegible]
℞ [illegible]

every one or two hours with

a large camel-hair brush.
[illegible]
[illegible]
the [illegible]
is quite useful for this
purpose. Sufficient acid
may be added to [illegible]
[illegible] it a distinctly [illegible]
taste and the [illegible]
used as a gargle [illegible]
half [illegible].
[illegible]
to dissolve is quite grati-
fied. Some practitioners
[illegible] in equal parts,
believed the [illegible] water

to make it flowing, and then used as a simple calculation of the steam of [illegible] which always is used in the compression form of the steam. Cold water temperature [illegible] of the heat in the early stage, while there is excess of heat, which flows out of hot water, which is little temperature is added a little appropriate [illegible] the power. Delicate fluids should be injected into the case, of the [illegible]

[illegible]
that [illegible].

Constitutional— There is no [illegible] [illegible] but any especial [illegible] influence in this disease, hence we must adopt the expectant line of treatment. In mild cases [illegible] under a mild [illegible], is the [illegible] of the attack, if the pulse [illegible] high, commonly recommending [illegible]. [illegible] give a teaspoonful of a saturated solution of [illegible] chloride of potassium [illegible]

a few hours of [illegible]
away are on his hands.
This combined with the
cool treatment is quite sufficient in a large majority of cases. In the
malignant form however, with a different class of
treatment must be pursued. The disease being
therefore from the commencing
nothing that depletes
the system must be used
but tonics and stimulants
must be resorted to early.
In case very the delirium
has a repugnance for

any form of alcoholic liquor then it must be used in moderation. Digitalis is a fair diuretic and is required in all cases where a heart is required; it has one other use which must not be forgotten, the power of lowering the temperature, and for this purpose it is invaluable. It must be given in large doses. Chloride of potassium & of iron are also useful diuretics. The occurrence of albumen in the urine calls for some diuretic.

be the symptoms from the
bones [illegible] are [illegible]
supported, while anxieties, and
vibrations of [illegible]
[illegible] to retain the fetal
membranes.

Sequelae — There are long,
continued debility, and paraly-
sis of the muscles — the
muscles of the [illegible] are
most frequently affected, and
render deglutition difficult.
[illegible] paralytic symptoms
[illegible] from the paralysis
[illegible] of the [illegible].
Hydrocephalus is the only [illegible]
[illegible] for life.

Thesis

On the Use of Chloroform in Labor.

Submitted To the Faculty of Physic University of Md.

by

Wm Buckingham Campbell
March [illegible]

by the [illegible]

[illegible]

aid [illegible]

more difficult to understand,

[illegible] that of enduring pain

[illegible] to alleviate this pain, is

[illegible] problem presented to the

practician.

It has always been the aim

[illegible] Medical Science to do the

[illegible]

[illegible]

[illegible] been in search of that

philosopher's stone of medicine:

that which should have the

[illegible] of producing temporary [illegible]ity. So indeed in [illegible] both sides of the Atlantic it was hardly a matter of surprise, when in 1831 the discovery of Chloroform [illegible] history of medicine. Previous to [illegible], fearful operations had been performed without anæsthetics, and with every possible amount of suffering; most, however, the [illegible] operation was undertaken

carried through with
deliberation and safety.
Of every ill that flesh is
heir to, what can be greater
than the pangs of childbirth?
To suffer is human; but to suffer
superhuman. Some surgical
operations have been described
as painful to the last degree
that no one can attempt to
depict the sufferings of the
patient [illegible] During
a certain period of labor
the woman is in such a

Countries it is provided by
[illegible]
by the woman at this period
is viewed with special leniency
May then should not the
[illegible]
that which would allay her
suffering and render her
[illegible]
[illegible]
[illegible]
Ether. Little need be added
except to say that both Ether
Chloroform are agents
[illegible]

into the state of anæsthesia in
comparatively healthy condition;
and again, as Sir Jas. Y. Simpson
shown, the efforts to bring

practitioners began to use it
against the use of Chloroform;
on chemical grounds, i.e.

oxygen [illegible]

[illegible] strikingly [illegible] in the [illegible]

[illegible] evolve through the circulation in

considerable quantity, in an [illegible]

[illegible] If [illegible] a strong [illegible]

[illegible] normally take place in the

[illegible] food, are thereby materially [illegible]

[illegible] and it has been shown that, in

[illegible] [illegible] off-line, the quantity of

CO_2 evolved from the lungs is materially

~~diminished~~ [illegible]

duration [illegible]

But should the action [illegible]

[illegible] — which is necessary, [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] can suggest are.

[illegible] inconvenience to some extent.

[illegible] common objections to [illegible]

[illegible] been brought up, and

many of them with apparent

strength. One objection proposed

that Chloroform, as used

causes a tendency to

. This may be [illegible]

a full, or twenty full

[illegible]

ach containing [illegible]

[illegible]

we should discontinue

the use of Chloroform rather

in those the vomiting lasts

throughout the whole [illegible]

[illegible] objection is that

reform do unpaid [illegible]

that when the tissues are wed

ing of the vaginal mucous

membrane has been pinched

with the head. But there

[illegible] case of instrumental

labor, in which anaesthetics

[illegible]

which has much more

[illegible] is that Ether forms tissues

arm by favoring post-part

hemorrhage. This may be

; but the hemorrhage

not as is general, but dual ?

9

[illegible] of Ergot be administered
by the mouth, or, what is better,
hypodermically, the uterus will
[illegible]
[illegible]
The principal points to be
[illegible]

The Effects of Chloroform on
[illegible]
the abdominal muscles
[illegible]

[illegible]

[illegible] ministered as it should [illegible]

[illegible] the woman to lose [illegible] tive consciousness; then it ha[s] [illegible]

in labor the contractions of the uterus cease and labor is suspended. Of course there are exceptions to this rule, as [illegible]

2. The Influence of chloroform on the abdominal muscles. [illegible] muscles will contract as usual [illegible] the last stage of labor. [illegible]

3. The effects of chloroform on the health of the mother & the child.

is saved from the anguishing

pain [illegible]

strength is reserved for her

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

The effects of chloroform on the

[illegible]

for good or for bad.

The reasons why chloroform

[illegible]

[illegible] is no advantage

[illegible]

[illegible] at [illegible]

[illegible] not, to undergo any more

[illegible] this, [illegible]

[illegible] many; if it is in the power

of the physician

to alleviate her pains, let him

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

If he be endowed in great degree with

knowledge of and other [illegible]

[illegible] [illegible] not
[illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible]
[illegible] be considered.
[illegible] [illegible]
[illegible] [illegible]
Materia Medica and Therapeutics,
[illegible] [illegible]
[illegible] to what he has said
[illegible] [illegible]
"[illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible]
[illegible] the labor is protracted
[illegible] [illegible]

favor the progress of the case and prevent exhaustion and [illegible] inertia. In [illegible] is necessary. The inhalation should not begin until [illegible] in the [illegible] stage [illegible] not sufficient [illegible] [illegible] in "dragging pains" [illegible] [illegible] should be produced only during existence of a pain. The influence of the anaesthetic on the pulse [illegible] uterine ~~[illegible]~~

[illegible]

[illegible] fever, the convulsions become [illegible]
[illegible] or the pains lose in [illegible]
[illegible] relaxation should be discontinued.

[illegible]
and the patient become loudly clamorous
[illegible] it is doing harm and should be
[illegible]

[illegible]
[illegible] stage, when the head begins to distend
the external parts, the quantity of chloroform
[illegible] be discontinued when the [illegible] is just
[illegible] passed under the pubic arch, & these
[illegible] are followed, the action of the uterus

is beneficent.' Without admission
the use of chloroform may be considered
[illegible]
[illegible]
in labor has occurred, when the administration
[illegible]"

To
The Provost, Regents,
and
The Faculty of Physic,
University of Maryland,
a Thesis for the degree
Doctor of Medicine
by
Edward W. Roach,
Atlanta, Georgia.

The influence of Climate Food & Soil on Man.

It is evident that these three physical powers are in no small degree dependent on each other, that is to say, there is a very close connection between the climate of a country and the food which will ordinarily be grown in that country; while at the same time the food is itself influenced by the soil which produces it, as also by the elevation or depression of the land, by the state of atmosphere, and, in a word, by all those conditions to the assemblage of which the name of Physical Geography is given. The union between these

physical agents being thus indicated it seems advisable to consider them not under their own separate heads, but rather under the separate heads of the effects produced by their united actions. In this way we shall arrive at once to a more comprehensive view of the whole question; we shall avoid the confusion that would be caused by artificially separating phenomena which are intimately inseparable.

Of all the results which are produced among a people by their climate, food and soil, the accumulation of wealth is earliest, and in many respects the most important. For although the progress of knowledge eventually accelerates the

increase of wealth, it is nevertheless certain that in the first formation of society the wealth must accumulate before the knowledge can begin. As long as every man is engaged in collecting the materials necessary for his own subsistence, there will be neither leisure nor taste for higher pursuits, no science can possibly be created. In a state of society like this the accumulation of wealth is the first great step that can be taken, because without wealth there can be no leisure, and without leisure there can be no knowledge; and according to the fertility of the soil and the opportunities of acquiring wealth and obtaining knowledge.

The food consumed by man produces two and only two effects necessary to his existence. These are, first to supply him with that animal heat without which the function of life would stop; and secondly, to repair the waste constantly taking place in his tissues, that is in the mechanism of his frame. For each of these objects food - or there is a separate food. The temperature of our bodies is maintained by substances which contain no nitrogen and are called non-azotized; the incessant decay in our organism is repaired by what are known as azotized substances in which nitrogen is always found. (Carpenter Human Physiology, page 685). In the former case the ration of non-azotized food

combines with the oxygen we take in, and gives rise to that internal combustion by which our animal heat is renewed. In the latter case nitrogen having little affinity for oxygen, the nitrogenous or azotized food is, as it were, guarded against combustion, and being thus preserved, is able to perform its duty of repairing the tissues and supplying those losses which the human organism constantly suffers in the wear and tear of daily life. There are two great divisions of food, and if we inquire into the laws which regulate the relation they bear to man we shall find that in each division the most important agent is climate. There were [illegible]

a hot country their animal heat is more easily kept up than when they live in a cold one; therefore they require a smaller amount of the non-azotized food, the sole business of which is to maintain the temperature of the body at a certain point. In the same way they in the hot country require a smaller amount of the azotized food, because on the whole their bodily exertions are less frequent, and on that account the decay of their tissues is less rapid. Since, therefore, the inhabitants of hot climates do in their natural and ordinary state, consume less food than the inhabitants of cold ones, it inevitably follows, that, provided other

things are equal, the growth of population will be more rapid in countries which are hot than in those which are cold. On the contrary, in cold countries not only are men compelled to eat more than in hot ones, but their food is dearer, that is to say, to get it is more difficult and requires a greater expenditure of labor. The objects of food are, as we have seen, only two; namely to keep up the warmth of the body and repair the waste tissues. Of these two objects the former is effected by the oxygen of the air entering our lungs and as it travels through the system combining with the carbon which we take in our food. This combining

of oxygen and carbon never can occur without producing a considerable amount of heat, and it is in this way that the human frame is maintained at its necessary temperature. Now carbon and oxygen, like all other elements, will only unite in certain definite proportions, so that to keep up a healthy balance, it is needful that the food which contains the carbon should vary according to the amount of oxygen taken in, while it is equally needful that we should increase the quantity of both these constituents whenever a great external cold lowers the temperature of the body. Now it is obvious that in a very cold climate

this necessity of providing a nutriment more highly carbonized, will arise in two distinct ways. In the first place, the air being denser, men inhale at each inspiration a greater volume of oxygen than they would do in a climate where the air is rarified by heat. In the second place, cold accelerates their respiration, and thus obliging them to inhale more frequently than the inhabitants of hot countries increases the amount of oxygen which they on an average take in. On both of these grounds the consumption of oxygen becomes greater, it is therefore requisite that the consumption of carbon should also be greater, since by the

union of these two elements in certain definite proportions, the temperature of the body and the balance of the human frame is maintained. Proceeding from these chemical and physiological principles, we arrive at the conclusion that the colder the climate in which a people live the more highly carbonized will be their food. The inhabitants of the polar regions consume large quantities of fat oil & blubber, while living in the tropics such food would scarcely fit one out to life, and therefore the ordinary diet consists almost entirely of fruit rice and other vegetables. Food has been ascribed by eminent

analysis that in the polar food there is an excess of carbon, in the tropicals an excess of oxygen. Do contain about six times as much carbon as the fruits and have in them an little oxygen, while starch which is the most universal and in reference to nutrition the most valuable constituent in the vegetable world is nearly half oxygen. Owing to some general law of which we are ignorant highly carbonized food is more costly than food in which combustibles little carbon is found. The fruits of the earth, of which oxygen is the most active principle are very abundant, they may be obtained without danger and almost without

food is. But the highly carbonized food which in a very cold climate is absolutely necessary to life is not produced in as facile and spontaneous a manner. It is not, like vegetables, thrown up by the soil, but it consists of the fat, the blubber and oil of powerful and ferocious animals. To procure it man must incur great risks and expend great labor. It is evident as a general rule the colder a country be the more its food will be carbonized, the warmer it is the more its food will be oxidized. At the same time carbonized food being drawn from the animal world is more difficult to obtain than oxidized food, which is drawn from

the habitable world. The result has been, that among nations, where from the coldness of the climate, cultivation, which is essential, there is for the most part displayed, even in the infancy of society, a bolder and more adventurous character than we find among those other nations, whose ordinary nutriment being highly oxidized is easily obtained and indeed is supplied to them by the bounty of nature gratuitously and without a struggle. But on account of their being almost altogether occupied in braving the dangers incident to these regions in their search for food, there is no opportunity for

Christ and without it, as has been before said there can be no knowledge.

While on the other hand the inhabitants of the more torrid countries where nature is more fertile in her gifts and food is ever ready at their disposal, not being compelled to ~~work~~ occupy their time in the procuring of food, have more leisure and hence we find that among them science and the arts first had their birth. On these countries civilization first dawned and its radiating beams pierced the utermost parts illuming the inky darkness with the glory of the new born day.

Edward Weldon Roach
Atlanta
Georgia

al and Surgical

Thesis

by

William H. Thomas,

[illegible] influence [illegible]

[illegible] the last three years have been

[illegible] ted with the management [illegible] have

been brought into close relations with

[illegible] Hands of that institution [illegible]

[illegible]

[illegible] are one, to some extent, [illegible]

with [illegible] and [illegible]

[illegible] schools that [illegible]

[illegible]

[illegible] the diverse cases, that [illegible]

[illegible]

[illegible] and [illegible] approval, [illegible] and [illegible]

[illegible] interest.

Case II. Contusion of the Penis

Louis Delaisen aet. 25. Seaman admitted June 12th 1879.

The patient was born in France; he states that he has always been healthy; about three years ago he had Gonorrhoea but never had any other venereal disease; on the 1st of May last he had sexual intercourse at Bordeaux and sailed next day for the United States.

On the 11th June he fell on ship-board while shoving a plank, which he was straddling from beam to beam in the ship's hold.

He alighted on his back with the plank between his legs bruising his penis, he shock deprived him of his senses for several hours; when he revived he found he was bleeding from his penis but experienced no pain.

Symptoms on admission; The Resident Physician examined the patient and found the penis swollen with an abrasion on the corona glandis and a deep fissure through it; having somewhat of the character of a Hunterian chancre; also some spots of erysipelas. Ordered to have carbolized solution 3% locally and ℞ Pot. Iod. gr. iv Pin. Iod. Hydr. gr. ½ ter die.

13th Was examined by the surgeon. The penis was very much swollen and a very foul odor issued; the patient complains of no pain; there was no positive diagnosis made. Ordered Calomel locally and continue other treatment.

14th He suffered severely throughout the night and his penis is excessively swollen, he cannot draw the prepuce back. To have carbolized solution to inject under the prepuce and on blister extending.

15th Pain continues; anodynes were administered

but with little effect, about twelve A.M. the wound commenced to bleed; the hemorrhage continued throughout the night despite injections of tannin & sulphate zinc and ice applications.

16th. Hemorrhage continued with occasional intermission, ice bladders were incessantly applied. Ergot was administered hypodermically but produced no effect; the patient is very weak and the nurse remained all night with him.

17th. Hemorrhage continues in spite of all remedies; the surgeon is summoned and found the glans of the penis in a partially gangrenous condition; chloroform was administered and the prepuce slit up; the bleeding was stopped by the application of the persulphate of iron, and to have tincture of iron and an enema as ordered.

18th. The patient slept well all night but feels very weak, no appetite, he drank some milk, to have wine ℥i every three hours and still continue treatment.

19th. He slept well, eat some breakfast; a very foul odor is noticeable from the wound, the surgeon examined it and redressed it with the solution of Iron and continued other treatment.

20th. Patient feels very well; examined by the surgeon, who found the gangrene still advancing and ordered the sore to be thoroughly cauterized with nitric acid and carbolized solution applied externally; continue the same treatment.

21st. The Assistant Resident Physician examined the wound this morning and applied nitric acid. Continue the same treatment.

22nd. The patient looks and feels better; the wound presents a healthy appearance; no change in the treatment.

23rd The Surgeon visited the patient this morning and examined the wound, which presents no change.

July 12th The patient has greatly improved the wound is healing very well and no syphilitic symptoms have made their appearance yet.

Comments. This case requires mature study in view of its history and the liability of sailors to contract venereal diseases, although the patient denies that he ever had a sore on his penis prior to his injury; we are not justified in his averment in concluding that he is free from venereal contamination, since he might have had an abrasion on the glans penis without his knowledge. The injury might have had some influence in causing the

abrasion to assume a phagedenic form of ulceration; but had the gangrene occurred from a traumatic cause a line of demarkation would have existed between the disease and healthy tissue and been clearly manifest and defined. The hemorrhage was doubtless caused by the penetration of the disease into intrabeculae of the penis, after the prepuce was slit up and the wound reached and properly treated the disease was in a few days found to be advancing; which indicated something more than a gangrenous slough of traumatic origin. There must have been some cause prior to the injury for the progress of the disease. We must exclude chancroids as in the interval between sexual intercourse and the injury the patient would

make it

and

... to be taken internally; at that time
... glands in the groin were enlarg...
... he suffered severe pains at night.
... a few weeks the pains subsided and
...
... one week he was apparently well

cured.

...
...

... different parts of the body, ...

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] sixth an[illegible] 2100; [illegible]

[illegible] Ordered to [illegible]

[illegible] as aforesaid.

[illegible] Affirmed [illegible]

[illegible] Ordered an injunction [illegible]

[illegible] Feels [illegible] [illegible]

[illegible] had caused [illegible]

[illegible] and ordered [illegible]

[illegible]

[illegible]

[illegible]

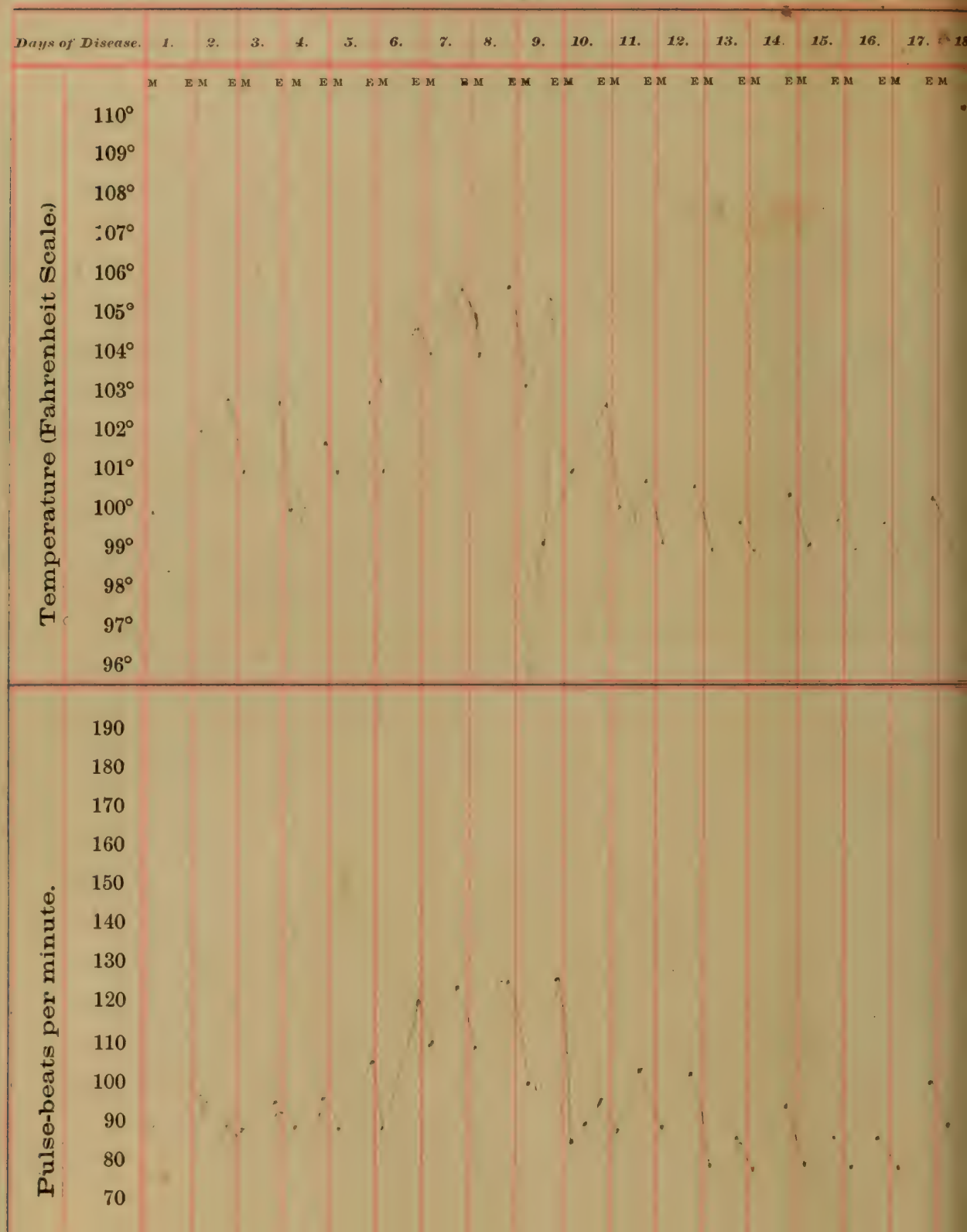
a

ilar

RECORD OF VITAL SIGNS.

Name *Ward* *Disease*

Date *Age*



[illegible]

[illegible] ation

[illegible] ed.

[illegible] carefully examined, the bones were found completely smashed, extremities with the joints, and in fractures were [illegible] crushing, and the fragments could not [illegible] the operation; the cavities were [illegible] bones. Brain extended in the most [illegible]

i

[illegible]

[illegible] and comprehension of [illegible]

a

[illegible]

and shaped very well with morning [illegible]

very unwell. His countenance looks [illegible]

[illegible]

his condition is growing worse. He is very

[illegible]

[illegible]

[illegible]

or

ing

eat

[illegible]

[illegible] was infiltration and [illegible]

[illegible]

4th The patient was [illegible]

[illegible]

[illegible] 12 t.m. [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

appearance. [illegible]

[illegible] will have recent attacks of [illegible]

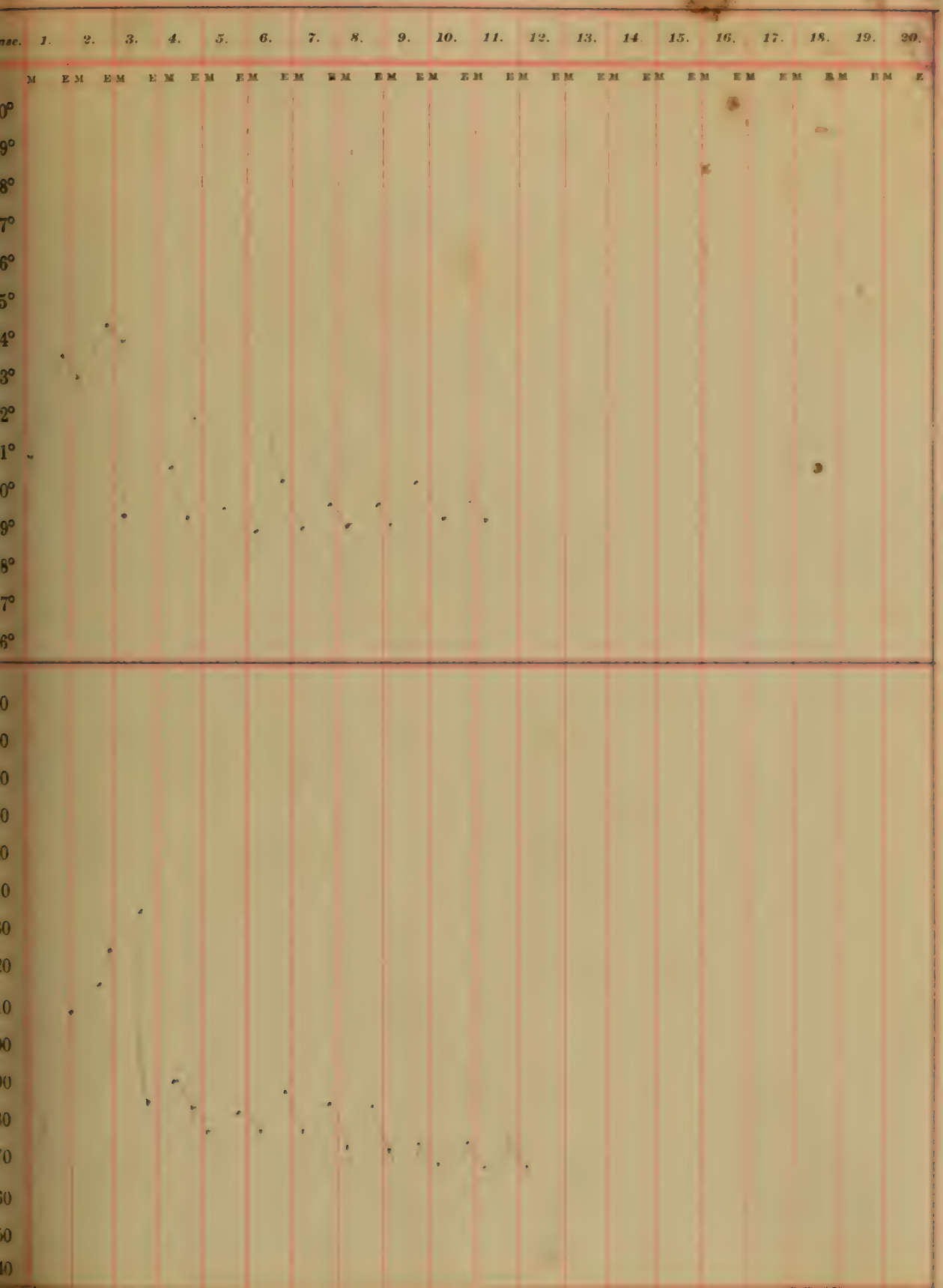
[illegible]

ards

[illegible]

Ward *Disease*

Age



[illegible]

[illegible] the stump to be [illegible] with [illegible]

[illegible] and the [illegible] [illegible]

[illegible]

[illegible] is [illegible] with one [illegible] no [illegible]

[illegible]

[illegible] the blade [illegible] [illegible] the wound is healing

[illegible] slight discharge from the [illegible]

[illegible] well.

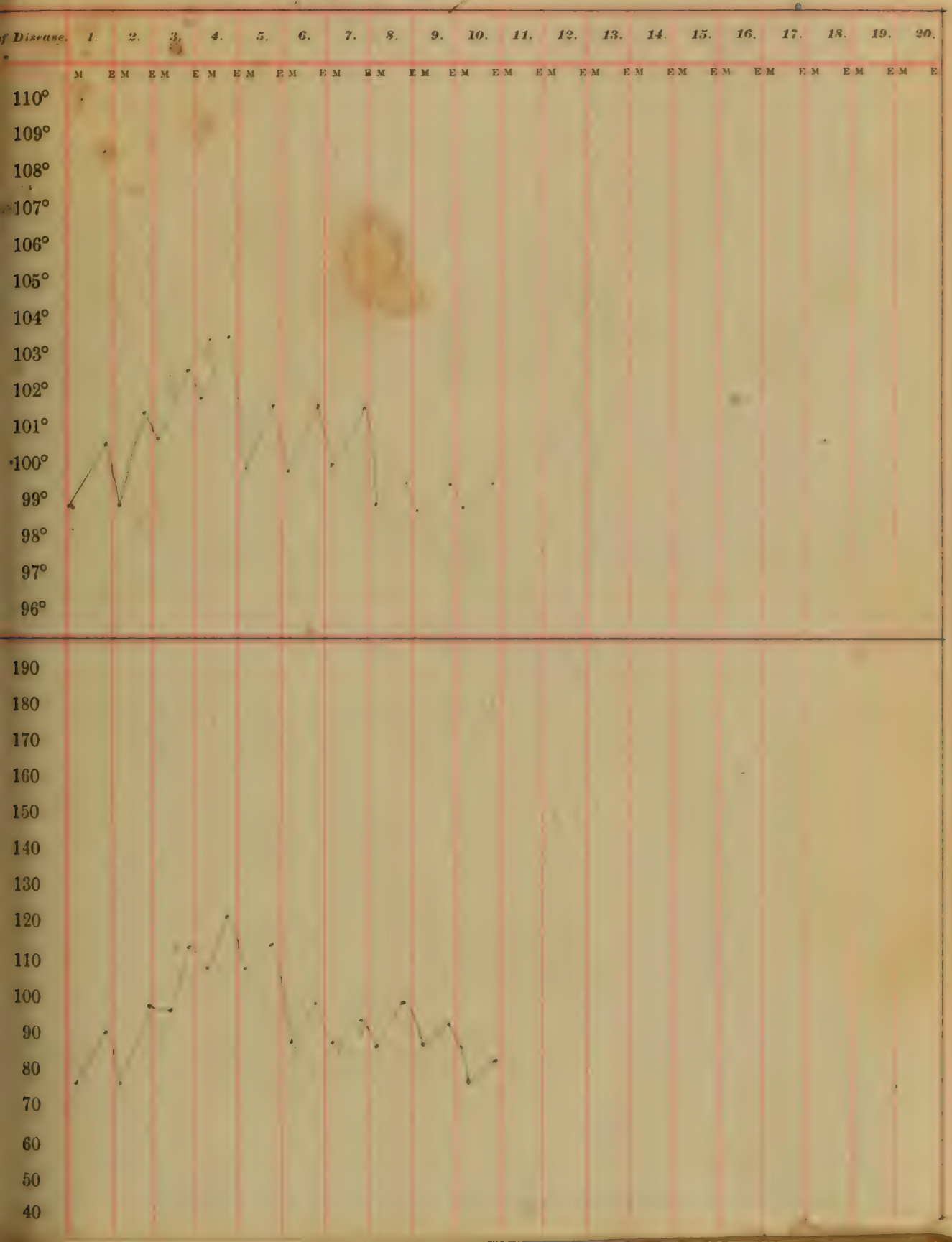
[illegible]

Case V. Cacoethes.

Charles Snowden, aet. 22, a healthy young
[illegible] in [illegible]; his mother [illegible]
[illegible] his parents noticed that the child [illegible]
[illegible] of the flower, which he [illegible]
would expand with transitional [illegible]
to [illegible] he would sometimes [illegible]
for his safety [illegible] conduct; the
attention of other persons was attracted
to habit of warning [illegible] to
[illegible] to [illegible]

ne [illegible] Ward [illegible] Disease [illegible]

[illegible] Age [illegible]



[illegible]

ere

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] inch in front of the [illegible] and [illegible]

[illegible] open into the wound and dire[illegible]

[illegible] the gas was [illegible]

[illegible] reduced and the calculus extracted.

[illegible] was small in [illegible] head smooth

[illegible] being of [illegible] consistence.

[illegible] drainage-tube was inserted a[illegible]

[illegible]

[illegible] wound which presented no unusual [illegible] to no usual.

Castile well just mighty patriotic and [illegible] to be dressed [illegible] [illegible] and [illegible].

Patriotic was nothing all night, the [illegible] the wound and [illegible] a [illegible]

[illegible]

[illegible] to his mother

[illegible]

[illegible] "a"

[illegible] the other side.

[illegible] on the same [illegible]

[illegible] treatment; he was very cross and [illegible]

[illegible] restless at night; the [illegible] into

[illegible] today and he is not so feverish.

[illegible] rested well last night; is much [illegible]

[illegible] so cross today; [illegible] is improving;

[illegible] has diarrhoea.

[illegible]

[illegible] Dr. Hartwell inclined to be [illegible]

[illegible] has not much appetite to-
[illegible]

10th [illegible] lower [illegible] the wound has [illegible] indicates pyæmia. [illegible] to-day.

11th [illegible] not so cross to-day.

12th [illegible]

13th Still improving.

14th The wound is healing rapidly; general health is better; [illegible] of [illegible].

15th 1879. Patient was discharged [illegible]

[illegible] case I.

[illegible] case presents the symptoms that are characteristic [illegible]. [illegible] had been [illegible] patient had been operated on [illegible] seen; as in six months [illegible] size of the [illegible] removal augment the dangers and [illegible] the [illegible] require [illegible] greater amount of irritation and suppuration [illegible] arises; was the membrane form[illegible] [illegible] consideration the surroundings of the patient [illegible] first, then [illegible] exhibited at this time and the[illegible]

[illegible] a patient in one of the wards
adjoining the ward where the patient was
placed who was affected by this disease.
The house surgeon attending the patient
was seriously affected with [illegible]
from a resulting [illegible] [illegible]
in a [illegible] the [illegible]
of [illegible] and [illegible] good
[illegible] in checking the disease and
the free use of carbolic acid prevented
the [illegible] of the [illegible]
[illegible] was constantly charged with an
[illegible] which [illegible] the [illegible] of
the disease. The redish tint of the wound,
which caused great apprehensions, was
[illegible] caused by the absorption of
[illegible] the use of iusine & [illegible]

Case VII. [illegible] in [illegible]

The patient is a stage-driver and has constantly

[illegible] his present [illegible]

[illegible] ailment until

[illegible] years [illegible] he

first noticed a dull sensation in the

[illegible] the street. He had no localized, [illegible]

[illegible] feeling, [illegible]

[illegible] his business keeps him constantly

[illegible] twenty-four, sitting on the stage

[illegible] over the rough streets.

[illegible]

[illegible] alternately [illegible]

[illegible] expresses it: but [illegible]
[illegible] came on him
[illegible]
[illegible] but did not find any determin[illegible]
[illegible]
[illegible] roller around his waist
which he did but considers that it
[illegible]
[illegible] still followed his avocation but
[illegible] and his difficulty increasing an[illegible]
[illegible] was compelled to abandon [illegible]
[illegible]

He [illegible] called a Physician; who advised [illegible] to enter the Hospital [illegible] Institution. He [illegible] to be in excellent health and no one would [illegible] that he had any [illegible] complaint to detain him in the hospital [illegible], which the officers were to assume his duties on the [illegible].

The Hospital Physician [illegible] him [illegible] with the [illegible], and concluded that his [illegible] imaginary than real; [illegible] Liquor Ammoniæ Fortis die. Alter [illegible] liniment externally. The patient [illegible] constantly in bed he became [illegible] and concluded that he would not desire more benefit from the

[illegible] the evening and [illegible]
the [illegible] of the morning and
days [illegible] the [illegible] of the
[illegible] to [illegible] who expressed a desire
to see him [illegible] in a complete state
that [illegible] was unable to examine
him.

5 Communication W.

[illegible] case [illegible]
[illegible] it [illegible] first [illegible]
[illegible] the [illegible] of the
[illegible] done [illegible] What was
[illegible] and how was it caused
[illegible] his occupation as sluice-driver
[illegible] constantly [illegible] to the
[illegible] of the [illegible] as it [illegible] the
[illegible] people [illegible] sluices.

these [illegible] must cause the
affected muscles and ligaments of the
lumbar region. The continuous motion
experienced for [illegible] and of [illegible]
five years [illegible] [illegible] to strain the
muscles and relax the ligaments and
[illegible] [illegible] [illegible] [illegible]
the deformity, one which would [illegible]
would not be [illegible] [illegible] the
[illegible] [illegible] without [illegible]
vigour and strength [illegible] [illegible]
such a case should not be regarded
as trivial nor should the patient
be deemed [illegible] [illegible] a
careful diagnosis should have
been made and [illegible] [illegible]
treatment would have been sound

[illegible] would have [illegible]

[illegible] stomach [illegible] weeks. The [illegible]

[illegible] on the [illegible]

[illegible] feet [illegible]

[illegible]

"On the Importance
of Economy in Orthopaedic
Surgery."

Being a thesis, submitted to
the Faculty of the University
of Maryland, in partial fulfilment
of
the
requirements for the degree
of
Doctor of Medicine.

Nathan Smith Davis, A. B.

In an age that is so prolific in the invention of surgical apparatus, when there is scarcely a number of any medical journal that appears but brings us a description of some new or improved appliance, there seems some danger lest the student, in his admiration for new inventions, should overlook our older or simpler methods of cure. Especially is this true in regard to orthopedic surgery and the treatment of diseases of the joints; in no branch of our science has ingenuity been more

called into play, or more beautiful and complicated apparatus invented.

Many of these appliances have the merit of being most efficacious in the cure of disease, but they all, or nearly all have a common disadvantage; they are very expensive. If the patient is wealthy this fact is, of course, a matter of no moment, as the surgeon then has at his command every appliance that ingenuity can invent or mechanical skill execute. As we all know, however, the practitioner is frequently called on to treat diseases

of the class among the poorer and rougher classes of society.

It is in cases such as these that the practitioner is thrown on his own resources; [illegible] get [illegible] and from most text books on the subject, for so often authors confine themselves to explaining and advocating the merits of some particular form of apparatus which they have themselves invented or which they constantly use.

What the surgeon who practices among the poorer classes desires to know, however, is not so much in what way he can best cure

his patients but in what way he can use them at all. Many of these are placed beyond his reach for the simple reason that his patient cannot afford them, and it is to some of our simpler and cheaper substitutes that I desire to direct attention in this paper.

As the best method of illustrating the difficulties sometimes encountered, I will instance a particular case.

On the 8th of November 1879, I was ~~requested~~ fortunate by my friend Dr. Nathan Jones to see with him a case of disease of the hip joint.

The history of the case is as follows. Nicholas S., 9 years of age was suffering from disease of the right hip joint; some four years ago he received a fall and ever since has been complaining of occasional pain in his right leg chiefly about the knee. For the three months before I saw him he had been growing rapidly worse and for one month, he had been unable to put his foot to the ground. There was 3½ inches shortening; the thigh was flexed on the trunk and the lower leg slightly flexed on the thigh, with some rigidity

of the affected joint. The patient was at that time in almost constant pain, On any attempt to straighten the limb the back arched in but the joint remained rigid. In order to determine how much of this stiffness was due to muscular rigidity and how much to bony anchylosis, chloroform was given, but even when fully under the influence of anaesthetics only very slight motion could be made.

On the 9th of November the boy was placed in bed with the simple extention by means of weight and pulley. Under this

treatment the pain began rapidly to disappear and the patient slept well. After the boy had been in bed about two weeks with steady improvement Dr Porter and myself began to consider in what way we could give him the benefits of fresh air an exercise is necessary in this disease.

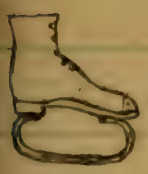
The boys mother declaird that that she was unable to buy a Rayers splint, so we were thrown on our own resources. It occurred to me that if we could raise the diseased leg, so that the foot should not touch the ground by means of an iron stirrup

placing on the shoe of the well foot, that we should get the whole weight of the diseased leg acting as an extention apparatus. Dr. Gorter immediately suggested that we should get still more extention if to the shoe of the diseased leg we added a leaden sole.

The whole plan was so simple that we were convinced that it must have been resorted to before now. To our surprise on looking over Dr. Sayers work on Orthopædic Surgery to find only the barest reference to it as a possible means of resort but no

description of the means of appli-
ance, while in Dr. Taylors mono-
graph on this joint disease not
even any mention of the plan
could be found. Holmes Coote in
his work on joint diseases mentions
no apparatus at all.

In view of these facts I do not
think it out of place to give
a full description of our mode of
procedure. The shoe of the well
foot was taken to a blacksmith
and stout but light stirrup of
wrought iron was put on, as shown
in the drawing. The shoe for the



other foot was furnished
with a leaden sole. A pair

of Blunt crutches was then got and our apparatus was complete. The total cost was $1.50 as against $25.00 for a Hayes splint.

In order to prevent the weight of the leaden sole from dragging on the knee joint two strips of sticking plaster were put on the leg from the ankle joint to the upper third of the thigh. To these strips were sewed at the lower end short pieces of webbing in which button holes were cut, so that when the patient was put to bed the extension weight could be applied by simply buttoning on the straps which held the weight to these

on the leg.

On December 2nd the new apparatus was applied as is shown in Fig. 2. The weight of the leg together with the leather was found amply sufficient for all purposes of extention; besides which the leg swung freely giving plenty of motion, which, as Drs. Taylor and Sayer point out, is a most important aid in the prevention of bony anchylosis. At first the patient found some difficulty in using the crutches but he soon became accustomed

to their [illegible] since he been thus enabled to walk about his improvement has been most marked and rapid. On the 31st of January I examined him. The thigh was freely movable and could be flexed and rotated in any direction. The boy was able to stand erect and walk on both feet. There was less than quarter of an inch shortening in the diseased leg. The patient was in fact cured, but ~~for~~ in order to prevent any possible return of the disease Dr. Gorlier has determined to continue the use of the apparatus for a

few weeks longer time.

This was a case where to follow the rule of treatment laid down in the best books on the subject was impossible. The apparatus which which was substituted for Sayers splint was cheap and wonderfully efficient, so efficient indeed that since its first appliance it has in one case of a well to do patient been preferred to Sayers splint on account of the greater mobility it allowed in the joint.

Again, there is nothing in the whole apparatus which cannot be made by a country blacksmith

or a village carpenter.

I have cited this case, not for the purpose of lauding any particular form of apparatus but simply to show how necessary it sometimes is to bring our means of relief within reach of the poorer classes. [illegible] it is especially the poorer classes, whose rooms are generally crowded and ill ventilated who [illegible] most [illegible] benefit of exercise and fresh air. [illegible] it is [illegible] [illegible] and have [illegible] for living by bodily exertion and [illegible] [illegible] [illegible] any movement which

will seem to them the advantages therefore conferred to the healthy will be a most true advance in surgery.

The assertions I have made is equally applicable to diseases of the knee joint and to unilateral disease of the sacro-iliac synchondroses, or any assign in the same way except that in sacro-iliac disease we could perhaps dispense with the leather case. In club foot the economical and effective but too often neglected shoe of Stromeyer is one of the best we can use on young patients, but in this department,

as well as in the improvement in appearance for treating wrist and elbow diseases, much remains to be done, and it is to urge the great importance of investigation in this direction that this paper is written.

I am convinced that in the future our best will lie not in the direction of complication but in the simplification of our appliances.

Martin Smith Lawrence

Made by
C. G. Ferguson.

"Specialties in Medicine."
1880

specialties in the various branches of medical science, have existed for a very long period of time, but their necessity was never more obvious than at the present. The more general spread of medical knowledge, demands a more thorough investigation of minor points, & the immense amount that has been written on every known disease, would of itself, take a life-time of study, in order to master all the minutiae of the Art. But, in endeavouring for eminence in any one branch, it is important not to overlook

the necessity of well knowing the rudiments of all.
A successful specialist must be familiar with the branches generally taught in our schools of Medicine, but the usual curriculum of our colleges ought to be, but preparatory to deeper research. It is fully sufficient, if preceded by a thorough literary training, to put a student in the way of taking further lessons from other sources, & fitting him for excellence in some particular branch. In order to obtain the degree of 'Bachelor of Arts' in most of our

Schools, it is necessary to study Navigation & Surveying, but who would think of putting a College Graduate in command of an Ocean Steamer, or place him in charge of a Coast Survey: Under-writers would soon raise their rates, & the Light House Board need more Salvage Crews to care for wrecks.

A man may be furnished with knowledge sufficient for ordinary routine practice, & yet it may sometimes happen that a limb or life would have been saved, had the practitioner been cognisant of some minor details.

treatment aside, the importance
and of a correct diagnosis is
often of the greatest practical
value. Constantly we see diseases
resembling each other, without
its being a family likeness. A
few symptoms given, & we jump
to a conclusion as to its nosological
rank. Constantly we see & wonder
how easy it is to be mistaken, when
we are "wise, only, in our own
conceits" How difficult it is
to make a differential diagnosis
in the various nervous affections.
Any other than one thoroughly
familiar with the phenomena
of the nervous System, might

mistake Hysteria for Epilepsy, or Amyotrophic Lateral Sclerosis for some other form of Paralysis. If the Brain in all its wonderful arrangements were studied for years, new light might be thrown upon our present modes of treating Insanity. How often we see in our Hospital Clinics the errors of the general Practitioner. A woman comes in with Antiflexion of the Uterus, wearing a Pessary for Retroversion, or with an Ovarian Tumor which has been mistaken for a Fibroid. Or some "would be" Surgeon has placed a Truss on a child for

imaginary disease, when the trouble was hydrocele; or a hypertrophied heart is treated with Digitalis, thus "adding fuel to the flame". Who but a Specialist can distinguish the Protean forms of Skin Diseases, or the ailments peculiar to Infancy & Childhood. Even the physical signs of Phthisis may hide themselves, & a virgin & close pregnancy. Loss of sight in one eye, has been treated for months, until a Specialist discovered the Patients perfect vision & her Physicians' 'blindness' in not being able to see Hysteria.

Sometimes it is possible for even an expert to be deceived. The pneumonia of many diseases are the same, & patience must be exercised before we can arrive at definite conclusions. Acute Pleuritis & acute Pneumonitis have many physical signs in common, - fever - cough - percussion dullness - altered respiration, & a normal state of the heart, exist in both; then we must look for the pathognomonic pain & peculiar sputum. The specialist in diseases of throat & chest must be very familiar with all that relates

to his trade, – he must have an ear that can detect not only altered sound, but the rhythm & pitch of sound; even as a skilled musician detects a mistake which an uncultured ear would not notice. We can no longer follow the plan adopted by an old London Practitioner

"I purges, blees & sweats 'em,
And if they die, I lets 'em".

But by a thorough knowledge of Therapeutical applications, remedies must be exhibited as indicator. Even if we had some specific for each & every disease, we know

not how long, climate, diet & the laws would render it futile. As an eminent Professor of Operative Surgery tersely puts it — "it is well to exercise a judicious skepticism in regard to all theories pertaining to medicine". In some branches of metaphysical inquiry, we may find relief in Mystery, but Science knows no such word. It is our duty to push investigation; but we are to remember that, as life & death — mind & matter, are so intimately bound together, so the possibilities of Medicine are Infinite.

A large percentage of our population die in infancy, it is not so with the lower animals & shows how wide a field is open in the study of Childrens diseases. Affections of liver & kidney, are daily becoming more frequent, & yet how few Specialists in those diseases - I think, only one in Baltimore. In the study of special branches, we must learn to take cognisance of apparently small & insignificant symptoms. The differential diagnosis of Chancre and Chancroid, is sometimes so uncertain that resort must be

hat to anti-inoculation in order to settle the doubt. Familiarity with different phases of the same disease, & daily contact with differently constituted patients, enables the specialist to recognise it at once, as if, by a sort of intuition. But it may be urged that the practice of a specialist would be too limited to afford a support, - possibly this may be true at first, but in time he would be better known for his skill, & better paid. There are multitudes of Gunsmiths in the world, but every Sportsman knows the merits of a Manton Gun.

the masses would soon be educated to the superior advantages of a Specialist, & in time we would have Colleges for their exclusive training. Some School of large endowments, might take up medical teaching where our Colleges leave off, & fit men for work & study in branches in which we must confess there is room for greater advancement. Thus the Science of Medicine might be elevated to a Standard it richly deserves, & the Employment of legitimate means for the health & happiness of humanity rescued from the hands of

secrets, infinites & incomplete, guarded by legal investment, & used by masters of the Art. What a precious boon the Specialist would have proved in the olden time & in the days of "Luke, the Beloved Physician." When David's "loins were filled with a sore disease," the Surgeon could have given relief by our 'House Specific'. When 'Sarah bare Abraham a Son' in her ninetieth year, our Obstetrician could have lightened her labor by an anesthetic, & designed the presentation. The woman with "issue of blood," who had

suffered. Many things of "physicians" would have been treated by a Gynecologist for Menorrhagia. In the "Demoniacs of Gadara", the Specialist of nervous affections, could have prevented their Epileptiform seizures by Potassium Bromide, & the Paralytic's lesion traced to Spinal Column or Medulla, & ameliorated by Electricity. In some of the forms of supposed leprosy a Dermatologist would have recognised, an agravated form of Eczema, and when "Peters wife's Mother lay sick of a fever", malarial

prison would have been recognised as the cause. In the "man who was born blind" the Opthalmic Surgeon would have seen 'congenital cataract.' But with all our advantages there is yet much to be accomplished, and towards the accomplishment of that 'much', we all can do our 'little', knowing that all labor, will have its reward.

Thesis

Inaugural Dissertation

on

Insanity

Submitted in Examination

of the

Provost, Regents and Faculty

of

Physic

of the

University of Maryland,

in the Year of

Grace of Christ

by

J. C. Parsons,

of

South Carolina.

Master of Medicine

[illegible] fever is a species of non-con-
tagious affection, [illegible]
[illegible] causes, or malaria; [illegible]
[illegible]
or [illegible] skin, [illegible]
and Fever, [illegible]
[illegible]
[illegible] and [illegible] stage [illegible]
[illegible] and [illegible]
[illegible] possibility [illegible]
may [illegible]
[illegible] and Clinical History.
[illegible]
[illegible] is not contagious,
[illegible] be communicated from one
[illegible]
[illegible]
[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] substances are not divided

[illegible]

[illegible] rapid dying. [illegible]

[illegible] due to air & temperature, [illegible]

[illegible]

[illegible]

[illegible] of Mauritius [illegible]

[illegible]

prevail in an epidemic or [illegible]
deviation from the [illegible] or un-
[illegible]
of certain [illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible], a certain [illegible]
[illegible]
of the soil with water than under
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

the surface. The amount given off is variable, being more abundant during the moist warm day time. It has been upon the surface as an invisible mist which is active and inactive in proportion to its quantity. It is that which does not cloud the atmosphere. Although the miasm may be carried by a given atmosphere, it may be produced, under circumstances favoring the necessary agencies, in the first instance, in many points as in another, upon quickly rising. The miasm is said to be absorbed and passing with the air, a man, a dog, or a wild animal may give

perfect safety; even a visit of brief
supposed to serve as a guide may
[illegible] a grave [illegible]. [illegible]
considered quite dangerous to [illegible]
[illegible] in a [illegible]
It is [illegible] the [illegible]
is [illegible]
of this district, though it may [illegible]
[illegible]. It has long been ques-
tion and one that still remains un-
answered as to what this [illegible] is,
whether it be a gas, or whether it is
some [illegible] vegetable matter
or whether [illegible]
[illegible]
of [illegible], although [illegible]
[illegible] in the [illegible] of the [illegible]

[illegible]

[illegible] a

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

...tion. But it is well to remember [illegible]

...t is not entirely due to [illegible]

[illegible]

[illegible]

of years ago. It was not [illegible]

[illegible]

...lations to uneasiness and consum-

ing [illegible]

great truth of nature began to be [illegible]

[illegible]

[illegible]

of the motion of mars, [illegible]

[illegible]

moves in an ellipse. Some writers have

said that the earth will [illegible]

[illegible]

[illegible]

[illegible], [illegible]

[illegible]

[illegible]. There are

the cause of our having no true knowledge as to what this [illegible] is [illegible]

from the want of intellectual [illegible]

[illegible]

[illegible] the [illegible]

[illegible] of the [illegible]: first, a moral

[illegible]; secondly, a [illegible]

[illegible]; thirdly, [illegible]

[illegible]; fourthly, [illegible]

[illegible], [illegible] [illegible]
[illegible], [illegible]
[illegible]; [illegible]
[illegible]
[illegible] But [illegible]
[illegible]
[illegible] malaria in any given locality.
[illegible] period of incubation [illegible]
[illegible]
[illegible]. It seems [illegible]
[illegible]
[illegible]
[illegible]
[illegible] poison, than [illegible]
[illegible] distinct [illegible]
[illegible]. It appears as [illegible]

[illegible] upon different persons;
and in the different [illegible]
it is said that the [illegible]
will [illegible] the [illegible]
[illegible] Race, [illegible]
[illegible]
[illegible] experiencing any ill effects [illegible]
[illegible]
[illegible]
of the white man. It is also a well
known fact that persons suffering
from [illegible] frequent [illegible] and
quantity of food, from [illegible]
[illegible]
[illegible]
[illegible]
[illegible]. A person may be exposed to

[illegible] marked

[illegible] may [illegible]

[illegible], [illegible], or [illegible], and [illegible]

[illegible] marked by the [illegible]

[illegible] may [illegible]

with [illegible] and then [illegible]

[illegible]

[illegible] may [illegible]

[illegible], or [illegible]

[illegible]

[illegible]

[illegible]

[illegible]. [illegible] may [illegible] it-

self in two well mark'd and distinct

[illegible], [illegible]

[illegible], [illegible]

[illegible] may [illegible]

they proceed, quite as, or, in some [illegible] [illegible] of iron essentially acid, but these varieties change into one another by insensible gradation, and they may change from one to the other, or pass on another in the same individual, and in the majority of cases require the same treatment. Paroxysm and remission. In most of the cases the attack is sudden, but in some cases there is a premonitory stage, which consists of headache, yawning, indisposition to exertion, loss of appetite, general malaise. A complete paroxysm consists of three separate stages, known as the cold, hot and sweating

stage. The cold stage is ushered in by a feeling of weariness which increases rapidly until the patient suffers from intense cold. There may be more or less fever. In some persons or cases it may be only a slight creeping sensation of coldness, and [illegible] shivering, while in other cases the coldness is so severe as to cause shivering of the body, which at length [illegible] with violent shivers, accompanied by involuntary chattering of the teeth and violent trembling of the hands and knees. The skin becomes pale and [illegible] contracting and assumes a peculiar form, known as goose skin. The face, [illegible], and [illegible]

[illegible] sunken and wrinkled. As long as the patient remains in this condition, he [illegible] and [illegible], and often [illegible]; the [illegible] is sometimes [illegible] and [illegible] in the [illegible], and [illegible], which [illegible] a [illegible] of [illegible] ability to [illegible]. The [illegible] is [illegible] and [illegible], and [illegible] is [illegible], [illegible] [illegible], [illegible], [illegible], [illegible] and [illegible]. [illegible] [illegible] in the back and extremities, [illegible] in the [illegible] [illegible] and [illegible]. As to the duration of

the cold stage, it is quite variable:
it may not last but a few minutes,
or it may last one, two or four hours,
most commonly from a half to an
hour. During the cold stage, notwith-
standing the peculiar feelings of
intense cold, the temperature of
the patient rises rapidly, and the
[illegible] [illegible] [illegible] the
[illegible] [illegible] of the attack;
rising quickly and uniformly until
the close of the stage; during
this stage, the patient [illegible] with
intense cold, but [illegible] the thermometer
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] or [illegible] showing a marked
rise of temperature. As the cold

stage passes away, and the stage
advances gradually, warmth is felt
in the skin, the chattering of the teeth
and shivering of the body cease,
a flush succeeds the pallor of the
pulse of the [illegible]. The pulse [illegible] and
[illegible] [illegible] assumes a more
full and strong beat. The heat
gradually becoming intense, the skin
feels dry, harsh and pungently hot;
the pulse grows [illegible] stronger, and
soft, but maintains its [illegible]
[illegible]. The respiration becomes more
rapid, the thirst is not increased,
there is little or no change in the
quantity of urine, but it becomes
highly colored, and of a [illegible]

[illegible] quantity, and producing a
burning sensation during mic-
turition. The [illegible] [illegible]
[illegible], the bladder is irritated, and
the pain in the [illegible] [illegible] [illegible]
very much diminished. [illegible]
[illegible] [illegible] [illegible] [illegible]
ing of the [illegible] stage varies con-
siderably in different cases.
This stage varies in duration, and
in this stage the [illegible] of the [illegible]
[illegible] vessels [illegible], the vessels
become dilated, [illegible] [illegible]
ordinary [illegible] [illegible] [illegible]
ished. [illegible] [illegible] [illegible]
[illegible] what [illegible] [illegible]
[illegible], [illegible] [illegible]

condition of the vessels, or to an [illegible] of the [illegible] [illegible] blood. [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] gradually, [illegible] [illegible] [illegible] [illegible] [illegible], [illegible] [illegible] [illegible] and [illegible]. [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] stomach [illegible] [illegible]. [illegible] [illegible] [illegible]. [illegible] [illegible] [illegible] [illegible] [illegible], [illegible] [illegible] [illegible] [illegible] [illegible] evening: the patient [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible], and [illegible] [illegible] [illegible] [illegible] [illegible] from which the patient [illegible] [illegible] [illegible] [illegible] [illegible] feeling, [illegible] [illegible] [illegible] [illegible]

in appearing [illegible]. The [illegible] of the [illegible] stages, or variable, [illegible] may be compared [illegible], or it may [illegible]. As [illegible], it may consist in a [illegible] of [illegible] of the stages, or [illegible] of the stage, [illegible] stage [illegible] stage [illegible] stage may be [illegible] stage [illegible] siderable [illegible], [illegible] may be [illegible], [illegible], or it may be preceded [illegible].

[illegible]

[illegible]

[illegible] more than [illegible] of the [illegible]
hours, lasting from [illegible] [illegible].
The duration of the [illegible] is from
many six to eight hours. The [illegible]
from [illegible] to six hours, [illegible]
[illegible] [illegible] may [illegible]
in the [illegible], than in the [illegible]
or [illegible]. The [illegible] of
arrival return may come on sooner
than the preceding paroxysm, the
disease is then said to anticipate, or
[illegible] later, if the paroxysm
may come on later than the preceding,
then said to postpone, and the disease
[illegible]
ordinary intermittent, [illegible]
form [illegible]

[illegible] and
[illegible] and
mitral attacks, or it may be a
[illegible] form in adolescents,
without [illegible] [illegible]
by producing death in [illegible] days
asiga paroxism; [illegible] it would
seem that [illegible] [illegible]
more or less than the intensity
[illegible] in its most grave and ma-
lignant form. Prognosis. [illegible]
[illegible] ordinary [illegible]
[illegible] [illegible] [illegible]
[illegible]. But [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

[illegible] eath, [illegible] and congestion [illegible]

[illegible]

[illegible] raiment. [illegible]

[illegible]

and seldom [illegible] permanent

[illegible] without a removal from the cause.

[illegible] with [illegible]
[illegible] and
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible] and [illegible]
[illegible]
[illegible] said [illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible] was

[illegible]

[illegible] Sunday, rowing [illegible]
ing malarious districts, and eat-
ing indigestible food. Persons
[illegible] de[illegible]
ious districts should take [illegible]
precautions [illegible]
[illegible]
in the morning. Good [illegible]
[illegible]
[illegible] should drink water, [illegible]
[illegible] this, without risk [illegible]
[illegible]
[illegible] to a malaria. [illegible]
[illegible] taught a [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible].

[illegible]

[illegible]

[illegible] ter, &c. Other remedies are often used with advantage. Cautions [illegible] given just here in [illegible] man; when troubled a man [illegible] in a strong [illegible] [illegible] man [illegible] against [illegible] [illegible] [illegible]. [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] among which are [illegible] [illegible] and [illegible] [illegible] [illegible] among

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] argument [illegible]

[illegible] is [illegible] , [illegible] ,

[illegible]

[illegible] in equal many cases

[illegible]

[illegible] his aims, as

[illegible]

[illegible] given

[illegible]

[illegible] , and [illegible] ,

[illegible]

[illegible]

[illegible] reading [illegible] substitution of other agents. The Sulphate of Quinia has the most universal reliance, and from its convenient administration and prompt action in the cure of intermitt-ent fever, it is now the gen-erally [illegible] of all practitioners of the present day in the treatment of this disease. Though by some it is given in small doses, at short intervals, by others it is given in single large doses just before the expected paroxysm. [illegible] just after the paroxysm [illegible] give it.

[illegible] leaning [illegible] stage. But it seems that it would [illegible] to consider the condition of the patient and [illegible] and frequency of the paroxysm. If the Quinia is [illegible] by the vein, [illegible] the [illegible] of administration, it might [illegible] the [illegible] Quinia immediately after the paroxysm in small doses, and continue its administration in small doses [illegible] the [illegible] of the [illegible]. If the paroxysms are [illegible] leaning towards [illegible], the Quinia may be given in small doses at [illegible] [illegible] [illegible] [illegible] [illegible]

[illegible]
[illegible] agini in [illegible]
[illegible]
avoid. [illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
known to avoid [illegible].
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

[illegible]

Thesis

by

J. B. Compton

To Faculty of University of Md.

In complying to the rules of your school, I am forced to go to my notes and text-books for the description and treatment of the disease which I have selected as a topic. I make this confession, knowing that you dont expect a student to produce or advance things new to you, or that he should show by his thesis any thing more than what you have labored to impress upon him by your course. I therefore submit this to you, thinking it to be in accordance with your teaching

Spasmodic Laryngitis. This is also known as false croup. It is a very common disease, and should not be confounded with spasm of the glottis, which is a form of infantile convulsions, and is not inflammatory.

Causes— Children in some families are more liable to false croup than in others, it is admitted by some to be hereditary. The exciting causes in most cases is exposure to cold.

False croup is not uncommon. Hoarseness is the commencement of uneasiness. Narrowness of the rima glottidis, and an excitable state

of the nervous system both of which are common in early childhood, are predisposing causes.

Symptoms. — Mr. J. Lewis Smith says spasmodic laryngitis is ordinarily preceded for a day or two by a slight cough and fever, by symptoms of mild nasal catarrh, such as all children are liable to on taking cold. In exceptional cases these symptoms are absent and the disease begins abruptly. It commences in most patients at night, after the first sleep, between 1 & 3 of clock and twelve. The sleep is usually quiet and natural, but the child

awakens with a loud, barking cough. There is great dyspnoea, and the respiration is hoarse and whistling, on account of the narrowing of the chink of the glottis from the swelling and tension of the vocal cords. The face is flushed and indication of suffering. The child cries, moves from one position to another, wishes to be held or carried, seeking in vain for relief. The skin is hot, pulse accelerated, the voice hoarse or even whispering. With proper treatment these symptoms abate in a half hour. The patient is then somewhat exhausted, and falls to sleep. The face is no longer flushed

or even fluid, the heat abates, and the pulse is less accelerated. The cough, though less frequent, remains for a time barking or sonorous and the respiration though not so labored, is not at once entirely natural, but gradually becomes so. Sometimes the attack is repeated, not or more especially during the succeeding night. The symptoms vary greatly in intensity in different patients. In some patients there is immediate return to health, but if ever the inflammation extends into the trachea and larger bronchial tubes, and there remains a tracheo-bronchitis which gradually declines. The termination is not always so

favorable. Spasmodic laryngitis is ~~fla~~ in exceptional instances the precursor of other serious affections which may prove fatal. It has been stated that measles often begins with spasmodic laryngitis. Bronchitis becoming capillary, may occur in connection with it, as may also pneumonia, and either of these severe inflammations the prognosis may be rendered doubtful.

Anatomical Character. Pathology.

Spasmodic laryngitis without complications seldom causes death. Dr. Lewis Smith has not witnessed one, but mentions a case reported by Hirsch which was caused by the mother giving kerosene oil in great quantity through the advice of a friend. This is certainly a good

intense injection throughout the whole extent of the larynx and trachea and in the bronchial tubes, but there was no pseudo membrane on the inflamed surface, and but little mucus and pus. Dr Wood says there is redness of the mucous membrane of the larynx, trachea, and bronchia, either in patches or continuous, with occasional swelling of the submucous tissue from inflammatory infiltration, and more or less mucus in the air passages, which, which, if death has taken early, is scanty, viscid, and adherent to the sides of the tubes, if in the more advanced stages, is more abundant, and often purulent. Occasionally patches of adhering false membrane may be

detected, but insufficient to have had any agency in the fatal result. In some rare instances, no signs of disease are discovered in the mucous membrane, and the patient has probably died of spasm, consequent upon high vascular irritation or congestion, the marks of which disappear with ~~death~~ life.

Diagnosis. The disease for which spasmodic laryngitis is most frequently mistaken is pseudo membranous croup. The points of differential diagnosis are the following; True croup begins with symptoms which are at first slight, so as scarcely to arrest attention, but which gradually increase in intensity. The cough becomes more harsh, and the respiration more difficult;

by degrees. On the other hand, false croup, though preceded by symptoms of nasal catarrh, commences abruptly. The symptoms from the first have their maximum intensity, and the time at which it commences is the night. ~~and~~ Again the cough is loud and sonorous in spasmodic; while in true croup it is hoarse or rough, from the presence of the membrane, and having a tone of less fulness. The voice in spasmodic croup may be hoarse, but it is not lost, or is lost only for a short time. It afterwards becomes natural, or slightly hoarse. On the other hand, in true croup, the voice from being natural at first, is gradually extinguished. In fatal cases it soon becomes

whispering, and continues even till the close of life; in those that recover, the voice remains hoarse for several days. These differences are important, and if fully appreciated, are in most instances sufficient to establish the diagnosis. Besides, in a large proportion of cases of true croup, portions of the false membrane may be discovered on inspection of the fauces, and the fauciae surface is deeply injected, while in spasmodic laryngitis there is, with rare exceptions, no false membrane upon the surface of the fauces, and but a moderate amount of congestion. Laryngismus stridulous, or nervous [illegible] is not [illegible] to this disease. It is not infrequent

[illegible] contracting and [illegible] it
[illegible] the [illegible]
[illegible] of the external muscles, but
[illegible] the [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] but death [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] and [illegible] [illegible]
[illegible] diminished by the proper remedial
[illegible]; stimulant [illegible] as well as
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] of the [illegible]
[illegible] The first thing to be
done is to relieve the spasm by
[illegible] both of the temperature [illegible]
as soon as possible after the attack.
The patient should be kept

about ten minutes, in order to ~~relax~~ obtain a relaxing effect. In cases not a warm foot bath may be sufficient. A second means is the use of an emetic, which should be simultaneous with the bath. To children under the age of three years syrup of ipecacuanha should be given, in doses of one teaspoonful repeated in twenty minutes, till vomiting occurs or about one ounce of syrup of ipecacuanha, two hours after the bowels to expel the pellet, and then one half as a dose. Children over three years, or those of feeble constitutions, use hot water to the extent of one ounce of syrup of ipecacuanha. One or two doses are sufficient to produce vomiting.

Attention should be given to the state of the bowels — particularly regular. If they are not well opened, a purgative should be given. The stools are robust, and with considerable pitch, moreover the calomel cathartics are rarely preferable to Rochelle salt, or some mild laxative. The catharsis should not be given until the causes for the cure have subsided. By its derivative effect it tends to diminish the congestion, and, in severe cases, it may obviate the need of depletion by leeches. Debility of the extremities, hot water, and the application of a bandage are the best and most prompt of the stimulants, followed by an emollient

inactive, are useful adjuvants to the treatment. When the spasms are violent, the case becomes very simple prognostic. Small doses of pneumonia, or any other antiseptic preparation or the iron round sponge of opiate, sufficient to produce nausea, should now be given at regular intervals. Sometimes after the patient is in a state of nausea it will do to two to five grains of quinine may be added to the expectorant, when there is a full and rapid pulse, and other evidence of active febrile movement. No effect should be watched, and it should be discontinued when its sedative influence on the circulation begins to be apparent. Where the nervous element predominates over

the inflammatory the treatment should be in some degree different. Such children are liable to attack thereof generally of a mild form on slight expo-sure to cold and with a very moderate amount of inflammation. The treatment of such patients, after the use of a mild emetic, to give ipecac, one grain three or four times daily, to a child from three or four years of age, prescribing at the same time a simple expectorant; as Syrup of Squills, and a mildly irritating appli-cation to the throat. Active treatment in these cases is not required.

Pseudo-membranous Laryngitis

This is known as true croup in con-tradistinction to Spasmodic laryngitis or false croup. It is an exceedingly fatal disease.

The characteristic feature is an exudation on the inflamed mucous membrane surface, forming a false membrane. It occurs most frequently between the ages of two and seven years. It is rare in adult life, and is not under the age of six months.

Causes. The causes are exposure to cold. Some children are more liable than others, boys than girls. Inhaling irritating gases or corrosive liquids. Changes of atmosphere, going from a warm and dry room into a cold and damp one &c.

Anatomical Characters. — The mucous membrane is hyperaemic, and thickened, and there is rapid desquamation of its epithelial cells and a production of muco-pus. The inflammation in the most of the cases, involves not only the pharynx, but the trachea and

Bronchial ~~also~~ tubes also. The pseudo membrane varies greatly in amount in different cases. It may occur only in patches or small patches, generally in the vicinity of the vocal cords, while in other cases it extends as one membrane from the epiglottis to bronchial tubes

Symptoms. The commencement of croup is indicated by fever, loss of appetite, thirst, and serve to distinguish this from all other diseases, except diphtheritic croup. The cough is dry and sure [illegible], it is dry and hoarse. Hoarseness is the most common symptom, and continues through out. The voice is usually lost before death, and child cannot expectorate a whisper. In most of the cases, the respiration is scanty. In [illegible] cases it is first scanty, and then becomes abundant. Frequently pieces

of the pseudo membrane are expectorated with the mucus and pus, and occasionally whole casts of larynx, trachea, or [illegible] are expectorated. The respiration is accelerated, but not so much as pneumonia or capillary bronchitis. A detachment of a piece of the membrane may cause great dyspnoea, owing to its folding upon its self. The frequency of the pulse varies according to the inflamation and stage to which it has reached. In the commencement of primary croup it varies from a hundred and ten to a hundred and twenty per minute. The stethoscope applied over the larynx in true croup the loud expiratory and inspiratory sound is heard as it passes by the obstruction. Diagnosis - The only thing it is apt to be confounded with is spasmodic laryngitis. It is very easy to diagnose

between the two. First in spasmodic laryngitis the commencement is sudden and soon getting better, while in true croup the onset is gradual. The cough is coarse and membranous. Presence of pseudo membrane upon surface of fauces. Fragments of the membrane in the sputa on the one. It is distinguished from laryngismus stridulus, or infantile convulsions, very readily. By laryngismus stridulus being a nervous disease; it occurs very suddenly, causing great dyspnoea, or momentary suspension of respiration, without fever, or the hoarse voice and cough of croup.

Treatment. With a knowledge of the manner in which the disease comes on the first thing to be done is to try and prevent the further formation of the membrane. In the beginning give some emetic which does not have any depressing

effect, that the cough may be strong to expell any portion of the mucous membrane that may be loosened. The emetic causes the expulsion of the mucus and may cause the detachment and expulsion of the membrane. The syrup or the wine of ipecacuanha may be given, or repeated after fifteen minutes if the child has previously been in good health, and has been robust. The sulphate of copper in one or two grain doses given alone, or in suspension with the syrup of ipecacuanha, acts promptly, and with little depression. In most cases the emetic gives relief, if it is only temporarily. Prof Rodgers Baxter recommends the yellow sulphate of mercury, in one or two grain doses in powder as one of the best emetics. Dr J Lewis Smith gives the following for its support

antiplastic action ℞ Potas. chlorat., ℥j; Ammon. muriat., ʒss; Lyr. simplic., ℥ss, Aquæ, ℥ij; Misce. Give teaspoonful every half hour or hourly. The atmosphere should not be disagreable. It should be loaded with moisture. This may be obtained from the atomizer or from a kettle. Since water is said to be the most efficient solvent of the mucous membrane that can be given. The mucous membrane is more easily detached after the first few days, if the patient lives, than at first. You should therefore give sustaining treatment to enable the patient to throw off the

the membrane when he coughs. If there are any signs of exhaustion, alcoholic stimulants and fresh air are for as is compatible with the inhalation of steam. If after all other remedies have failed there is but one last resort and that is tracheotomy. The results of this operation is very discouraging to young physicians, but I believe all writers agree and advocate it as the duty of the attending physician as the last resort.

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Jon T. B. Comstock
Sessions of 1879-80.

A Thesis
on
Operative Surgery —
Respectfully Dedicated
to the Faculty of Physic
of —
H. Baldwin Gantt
of Md.

Class of 1850 —

Operative Surgery.

Surgery may be divided into two branches viz. Science & Art. The Science of Surgery consist in knowing the why, the when, the how and the where a thing should be done. The Art consist in the manipulating process, the doing of the operation before-mentioned. To avoid the Either Science or Art disagreement, not be separated, they should be in force together; for unless a man is thoroughly acquainted with the

manner in which an operation should be done, unless he understands the anatomy of the part, & be prepared for the dangers & difficulties, which are liable to arise in disturbing the functions of the human organism; it will be impossible for him to do his operating with any degree of credit or satisfaction to himself or of comfort & benefit to his patient. Then on the other hand the surgeon may possess the knowledge, he may understand the

scientific part, but he may lack the manual dexterity sufficient to insure him success, for after all, success in those results is the thing to aim at, no amount of scientific knowledge nor of manual dexterity can compensate for the want of it. Dexterity is only one element of success, & however important it is to be a dexterous operator it is better still to be a successful one. But manual dex-

terity is by no means to be underrated, it is necessary of the first advantage in the performance of an operation, & the surgeon should diligently seek to acquire the art of using his instruments with neatness, rapidity & certainty — In a great many cases of minor surgery, nothing else is needed than to be able to handle the instruments skillfully. But manual dexterity must not be taken for surgical skill." For

though it is all very well for a surgeon to perform an operation neatly & quickly, yet it is of far greater importance that the operation should be attended with success, & instead of giving the patient in a worse condition than he was before, he should be cured, & his life made happier, & his sufferings less, by the cure or removal of the cause of his discomfort. The surgeon should then be possessed, first of the proper scientific knowledge

requisite to determine upon in cases it has become necessary to operate, in which an operation may be practiced with a reasonable prospect of benefit, & to decide on the best means for placing the patient in the most favorable circumstances for recovery; which knowledge may be obtained by close observation in clinical practice, & unceasing application to books. In the second place the surgeon should possess the mechanical skill,

sufficient to perform an operation with comfort to himself & safety to his patient, which he can only acquire by close watching, & constant practice, by doing the thing over & over again, by carefully noting each step, so as to know exactly what he is doing & what he wants to do.

To perform a successful operation the surgeon should have perfect control over himself, & entire confidence in his own abilities, confident

assistants, the proper ap-
paratus for stopping haem-
orrhage, & in fact be pre-
pared for any emergency
which might arise.
There are various things which
should be taken into con-
sideration, before an ope-
ration should be done.
The state of the general
health should be made
the surgeon's attention, for
very often the constitution
& the patient & his idiosyn-
crasies has more to do with
the success or failure of
an operation, than the oper-

a fair use of, & if the patient has good health, good habits, accustomed to nutritious food, pure air, & who is blessed with a cheerful disposition, strong nerves, which have not been overstrained, & whose brain has not tired out by constant work & anxiety, he is naturally better prepared to stand a serious operation, than one, whose health is broken down by disease, whose life has been spent in poverty & dissipation, eating unwholesome food, living in

bad ventilated houses, & exposed to all the vicissitudes of the weather; such a person would stand an operation but badly, & unless in immediate danger of death, had better be left alone, until he is, by proper treatment, brought to a better & more healthy condition. Then the surgeon must carefully examine his patient to find out if his internal organs are diseased, whether or not he has some constitutional trouble; all these things must be thought

of, & very important points they are to, for the question, when an operation should be performed, requires more skill & ingenuity, on the part of the surgeon, to decide upon, than the mere mechanical part. In speaking of Operative Surgery. Mr. Erichsen says – "an art may be modified – it may be pared, – but it cannot be perfected beyond certain attainable limits. And so it is, and must be, with that of surgery. Time can not always be from hand

for conquest by the knife. There must be portions of the human frame that will ever remain sacred from its intrusion — at least in the surgeon's hands." "To my mind," says Erichsen; "it appears as if we had already reached some thing like finality in the mere manipulative art of Surgery; though, he says, I hesitate much to use that word "finality," for I know well how apt a man is to suppose that art to the prosecution of which he has devoted

his life to have attained, its final limit of perfectness. Yet, looking at the question as dispassionately as possible, we cannot but come to the conclusion that we can scarcely hope to pass far beyond the line at which we have arrived, in the direction of extreme precision and almost absolute certainty in the mechanical performance of the operations of surgery, and that in this direction the progress of modern surgery is nearly finished."

Quoting from the same Author, we may reasonably expect that the details of the methods of practising operations may from time to time be materially modified and improved by the skill of individual operators, by the ingenuity of surgical mechanicians, or possibly by the introductions of new agents, such as electricity &c. as aids to our art." It should therefore be the duty of every Surgeon, not to be content with following the rules laid down by his predecessors,

but to endeavor by every means in his power, to make his art more perfect and his profession more noble, by adding to it safer, and more convenient methods of performing difficult & dangerous operations, and thus alleviating the sufferings of humanity, and his highest aim should be to advance the science and art of surgery.

I shall now report one case, which came under my observation in the hospital.

Macolm McClean, a sailor, age 37 yrs. admitted January 21st. Fell from a height of 15 ft. into the hold of the vessel, receiving an injury on the right side of his head. He came into the hospital where his wound was dressed as simple one of the scalp, and walked about the wards as patients but little hurt. On the night of the 2nd day he experienced considerable pain in the head, & was given sedatives. Morphia gr. ¼. On the 23rd. felt much better, and

was thought to be getting all right. On the 24th. he walk about in a kind of stupor, having but little attention to things around him, and appeared to be suffering. During the afternoon of the same day, Dr. Gilman, without administering an anæsthetic, made a crucial incision of the scalp of about 2 to 3 inches in length, and found a fungoid mass of the brain accompanied by a fracture of the outer

table of the skull, as if some instrument had been forced in, and then pressed down on one side so as to bring up a piece of bone—The doctor removed some small portions of bone, and could see where the cerebral substance had been injured—to some extent, there was a good deal oozing, and the brain could be seen pulsating very distinctly. After all the loose bone had been taken away, a compress of carbolized cotton was bound over the wound

and bags of ice put to the head. No contraction or dilatation of the pupils was noticed. The next day being no better the patient was put upon Bromide of Potash and Calomel. On the 26th. he was ordered Hydrate of Chloral gr. j every hour. He then gradually sank into a stupor, with twitchings about the eyes & paralysis of the left side of his face but inserts all of his senses left and became somewhat delirious. He was put upon Calomel gr. j every 2 hours, but continued to sink, and on

parted this life on the night of the 27th. Six days after his admittance.

At the post mortem held by Professor Fitzgerald; the right side of the brain was found to be infiltrated with pus. the dura matter much inflamed, extending somewhat into the left hemisphere, the vessels engorged with blood of a dark color. Showing that the patient died of encephalitis, brought about by the injury, which he had received

received, and from which there would have been no relief, even if the diagnosis had been made before death. Thus it is—
What though the Surgeon may do every thing, that the skill of man can devise to save life, yet, when the Almighty Providence sees fit to bring the life of man to a close in this world, we can but submit to the divine will, take care to be prepared at any time to meet his God.

To Prof. William T. Howard M.D.
of the
University of Maryland.
School of Medicine.
Inaugural Thesis - titled -
Dysmenorrhoea -
By
William A. Smith
of
Virginia.

Sessions of 1879 & 80.

It is with diffidence and profound gratitude that I am privileged to address my "thesis" to the Scientific and genial hearted, Wm T. Howard M.D. — Professor of Diseases of Women and Children of the Maryland University, Whose Kindness and Zealous labor for his Classes, will ever be Treasured as pleasant memories by Students that have attended his Lectures.

"Dysmenorrhoea."

"Treatment," Constitutional and Surgical.

According to Professors Howard, Thomas, Barnes & others of high authority, "Dysmenorrhoea", is only a word, or Term employed by Gynecologists,

to express, that Menstruation, is performed with difficulty and pain, hence must be but a Symptom and not a Disease itself. — It is as purely a Symptom as Dropsy, and depends on, as many, and as diverse, pathological conditions: except that whilst Dropsy, may be the result of disease of one or more Organs, Dysmenorrhoea, or difficult flow of the Menses, may be Neuralgic in its character, or there may be engorgement, or Inflammation of the Womb to account for it, or it may depend on some toxaemic condition of the Blood, as expressed by the Gouty or Rheumatic diathesis, or there or there may be some obstruction of the Cervix Uteri or flexion

of that Canal, diminishing its diameter and thus daming up the flow, or preventing the discharge of some adventitious membrane that had been developed from the Inner lining of the Organ, or a Polypoid Tumor may be in it, — The pain is then but the Simultation of the nature, and throes of labor, each and all of the causes, of course must be taken into consideration in the investigation of any case coming up before us, if a rationale and successful treatment is expected to be instituted.

Doctors of Medicine,

Justly eminent in their profession greatly differ, men with enlarged experience and thoroughly competent to observe and to

teach in matters pertaining to their Specially,

of course it is not seemingly proper, for a Student, of Medicine, to differ nor to criticise the opinions of any adept in his proffession — but, may not the Specialist in Medicine, whilest his opportunities for accurate and extended investigation, entitle his views to the greatest consideration and render his labors most important in the interest and advancement of Science, sometimes see through lenses that take their light from the color of the objects that are constantly in the visual field?

Dr. Sims says, there is no such thing as "Constitutional Dysmenorrhœa" and establishes it as an axiom, that

there can be no Dysmenorrhoea if the Canal of the Cervix Uteri be straight and large enough to permit the free passage of the menses — Sims, with a skill and courage that none have surpassed, has for more than fifteen years, been using the Hysterotome and opening the narrow passage of the Cervix that the Menstrual blood might escape free and easy, yet, the Dr; admits that the operation of enlarging the canal is not always successful in preventing difficult and painful Menstruation. — Why is it not always successful? if the pathology of the Disease is as he states: "some mechanical obstruction to the egress of the menstrual flux:

As early as 1832 Dr McIntosh, demonstrated that the Neck of Womb could be safely and fully dilated, and Dr Simpson since that date, has been freely and successfully incisinging it,

Not that I would intrude my humble opinion against the weight of such men — but in the midst of the different theories of specialists whose views are entitled to great and zealous consideration, we are forced to appeal some what to a consciousness of our own.

—— Dr Bennett says, he has always taught that Menstruation, may be painful — even acutely painful from its dawn to its close without

any mischief or impediment existing of any kind — He also declares that cases of Dysmenorrhoea depending on any constriction of the Canal of the Cervix, apart from inflammation, are exceedingly rare.

We find too, that in Dr. F. W. Scanzoni's exhaustive treaties upon Diseases of Women, that Mechanical obstruction is not put down as one of the causes of Dysmenorrhoea at all nor there is not any reference made to the dilatation or division of the Neck of the Womb as a mode of treatment of that Symptom.

Professor Howard has taught us, — that all cases of Dysmenorrhoea may be classified under the following head viz. —

1st Mechanical anomalies, of the Uterus.
2nd Congestive or Inflammatory 3rd Neuralgic
or Sympathetic 4th Fallopian obstruction
5th Ovarian disorder constituting a
distinct form of Dysmenorrhoea, ——
We conclude from this classification
that we shall most probably meet
with cases of Dysmenorrhoea in which
more than one cause may exist at
the same time, and that a Constitutional
treatment will be the proper mode.
and cases too, that both a Constitutional
and Surgical treatment will have to be
instituted, to successfully combat the
Symptoms, We may find Neuralgia
and engagement of the Uterus + Ovaries,
the Gouty or Rheumatic diathesis, all

combined to aggravate the sufferings of a patient in her Dysmenorrhoea, notwithstanding it is very fashionable to suppose that obstruction, in some form, is the chief agent in almost all such cases,— and if we keep in the front, that as one cause that we can not lose sight of— the Dilator and the Sponge Tent, the Hysterotome and the Pessary, would soon open the way and keep it open, and no occasion would ever arise again for nauseous drugs, and our patients would rejoice and bless the Doctor that first thought of a constricted Uterine neck— for if this course were as common as represented by many, the treatment is

easy, very rational, and invariably successful
——— We do not regard it impossible
or improbable but that Dysmenorrhoea
is often the result of some obstruction
to the free exit of the Menstrual flow,
nor that we think the Knife nor the
Dilator never necessary or judicious,
for as Professor Howard says the majority
of cases, is the result of Anteflexion,
about nine in ten, but we expect to
meet with cases in our practice of
Dysmenorrhoea which depend on obstruction
on obstruction of the Os, or of the Cervical
Canal, the effect of present or the result
of past inflammation — which we
conceive can be removed by constitutional
or by combined constitutional and

local treatment, Alteratives, Depletives, Counter-irritants - some times the local application of Glycerine of Belladonna or the Tr. of Iodine &c — We will suppose a case of five years standing - and now from some cause has been suffering for six months from a most distressing Dysmenorrhoea which had been subjected to the treatment by dilatation for three months of that time, without the slightest relief to her symptoms — We receive a message from her Physician that she is suffering from Stricture of the Cervix, and that he had been treating her by the introduction of Silver Sounds, once or twice a week, with fair hope of success in her case - But we find,

upon an attempt to pass a Simpson's Uterine Sound, that we meet with no difficulty in introducing it into the Womb; We therefore conclude that the Dysmenorrhoea is certainly not the result of obstruction, — We observe however, on examination that the Os, Cervix and Body of Uterus, are sensitive, indurated and nodulated, and that there is heat and tenderness over both Ovaries and constant heaviness and fullness about the Hypogastric region — aggravated by motion or exercise — our patient is a married Lady about thirty years of age, and had been married a year or more at the time of the commencement of the present attack

had never conceived and had always suffered both before and after marriage, at her monthly periods, but had never suffered enough to require especial treatment, but now from fatigue and exposure, her suffering is such as to render life wretched in anticipation of the throes that attend her monthly periods, she has not lost much flesh and her color is good and her general conditions fair. — We consider her Dysmenorrhoea the result of inflammatory engorgement of the Uterus and Ovaries — and shall put her on Mercurial Treatment during the interval of two weeks which is the time she expects to intervene before the reappearance of her monthly molimen

and we shall apply half dozen Leeches to each Ovarian region just before the flow begins.— We will accordingly place her on one Twelfth of a grain of Corrosive Sublimate ter die; requesting her to keep her bed for a fortnight, and partake of plain and unstimulating food only.— We will expect her mouth to become a little sore just before the recurrence of menses,— she is Leeched at the right time, and during the molimen. Takes one Ounce of the Liquor Acetate of Ammonia, ter die, with a few drops of Magendie's Solution of the Acetate of Morphia —— the result of which we shall expect to hear her say that she has not had so easy

a time for years. —— If afterwards she becomes anemic from the too free flow of the menstrual flux, as well as from the exhibition of Mercury, we shall place her on the Liquor Ferri Iodidi, — directing her to take Liquor Ammonia Acetatis again when her Courses reappear, and to confine herself to her Bed and Couch until another term has passed. ——

We will suppose a case in which we find on examination the Womb enlarged, engorged and retroverted, the Os ragged and inflamed — The Vagina hot, with the whole Pelvic Viscera exceedingly sensitive. Her constitution has begun to

sympathize with, and suffer from the local disorder, and from a bright blooming woman, she has become a pale, emaciated, and hysterical invalid, Dysmenorrhoea being the only symptom of which she mostly complaines. —— We shall direct that she confine confine herself to her bed, to take a warm Sitz Bath and a Vaginal injection of Flaxseed Tea twice a day and give in addition one drachm of Acetate of Potassa in half Tumbler of Gum-Water twice dai- and direct every night the use of one of the following Suppositories:

℞ Morphia Sulphatis gr. ss Extract Belladonnae gr. vj Butyr. Cacao ℥ ss M.

Pt Suppositories ss six, —— In a few days we shall expect the local inflammation to be sufficiently reduced to enable us to Cauterize the Os Uteri freely and to place in contact with it a pledget of raw cotton saturated with Glycerine as recommended by Drs Howard & Sims. Pure Glycerine, for as they say the common, will irritate, hoping to be enabled to repeat the local applications several times, before the return of the Courses, expecting when they do come on, her suffering will be less, than it had been, but by no means entirely relieved. — The acute symptoms having now subsided, we will place her on twenty drops of the

Solution of the Iodide of Iron ter die, and direct the Acetate of Potash and Suppositories to be discontinued or used only in case of the return of mucous in the Urine, of Ardor Urini and Irritable Rectum, — and shall permit her to go about the house, to ride out, and to have liberal diet, — The local engorgement being now removed and our patient's general health greatly improved — We shall next endeavor to replace the Uterus, and for that purpose, will try to pass Simpson's Womb Sound — but if we find that we can not do so, nor Sims' Annealed Copper Uterine Probe, nor able to pass any instrument beyond the Inner Os, on account of the extreme

flexion of the Cervix at that point, and can't get it in position by degrees with the Sound &c, take Thomas' Anteflexion Pessary, or Bosmon's Cotton pads, or the Stem Pessary is used by some, but it can not replace the Womb, nor remove it in any manner from its fixed retroversion, owing to adhesions which were the result of Pelvic inflammation where that Viscus was originally overturned, perhaps by a distended Bladder. — We should rest the case at this juncture and continue our constitutional treatment, with the expectation of seeing her Dysmenorrhoea cured and the woman's general health restored, and again to hear her merry laugh, and see her happy and well once more.

Here we have two cases, notwithstanding they are assumed can not, according to the present teaching, be considered wholly improbable, one a case of Dysmenorrhoea cured by a constitutional treatment, where Dilatation of Cervix had failed, and the other a case cured by combined, Constitutional and Local treatment when the flexion of the neck of the Womb and the Stricture of the Canal were never removed, which according to our understanding of the pathology of Dysmenorrhoea tends to lessen, the exaggerated importance that Dr. Sims and some others of high authority attach to the use of the Dilator, the Hysterotome and the Sponge tents, — Instruments

which are undoubtedly necessary, and which have their use in certain cases of Womb Diseases, not only in assist=ing in diagnosis, but in contributing in the removal of diseases of that organ, but as (Professor Howard and Dr. Battey say) Instruments which may be, and are sometimes very much abused, and should only be resorted to when other means are known to be of no avail. — What must be the popu=lar judgment upon that Physician who, when called for the first time, to a Young Lady, suffering from Dysmenorrh=oea, should say to her, and her friends, that her disease was certainly the result of obstruction of the Mouth of the Womb —

and that the menses could not escape and that nothing but the Dilator or the Hysterotome, would relieve her of her suffering and is this not the most rational result of the teachings, of some of our most renowned Gynecologists? and when the distinguished success, and personal preferment of Dr Sims, is held up before the eyes of the Young Practitioner, is not the subject surrounded with a halo, that blinds as well as attracts? ——— Certainly we unhesitatingly decide that every case of Dysmenorrhoea which presents itself,— more especially in every case of a Virgin, a rational Medical treatment should be tried before resorting to the Dilator

Sponge Tent, Hysterotome &c, or even a per Vaginal Examination, — Dr Barnes wisely instructs and as taught us by Professor Howard. "that, reverence due to youth and preeminently to Female Youth, imperatively forbids physical examination, unless, under urgent circumstances and the failure of ordinary Treatment," ——— In Acute Congestive Dysmenorrhoea in a very plethoric person, we should during the interval, diet, regulate the Bowels, order Mercury in small doses the Bichloride, and during the paroxysms, should deplete generally or locally, Hot-foot-bath, Dover's Powder, Camphor &c, ——. In Passive Congestive Dysmenorrhoea, we

should endeavor to give tone and vigor to the general system after the use of Alteratives, Counter-Iritants to the Sacrum and Lumbar Vertebra, during the paroxy=
=ams Opiates by enema or Suppository, Warm Hip Baths &c., —— In Rheumatic Dysmenorrhoea, if of strong and plethoric habit, we would purge the patient with Colchicum and Magnesia just before the expected period, and then resort to large doses of Dovers Powder when the pain comes on, — In Chronic cases in feeble and illconditioned persons, we should expect good result from the protracted use of the Iodide of Potassium, — and in all cases of Dysmenorrhoea we deem it necessary, or highly important to keep

up a healthy action of the Skin, and always insist upon, according to the teachings of Dr. Barnes, a judicious system of baths, with Flannel or Silk worn next to the skin, both Winter and Summer, there by regulating Temperature and encouraging a healthy action of the Cutaneous exhalants. — In conclusion we shall give a passing notice, to only one other form of this "Uterine Colic", Dysmenorrhoea complicated with Hysteria, which, perhaps, we shall find in our practice, to be more vexing and difficult to establish a rational treatment for, than any other of its numerous forms. —
We shall expect to find in this form

of Dysmenorrhoea, during the Menstrual period the patient suffering from pain, scanty discharge, involuntary twitchings and spasms of the back, face, hands & legs, pain in the region of the Hypochondrium, Abdomen distended, tense and sensitive, anorexia, listless and indifferent to every person and thing, constipation, general convulsions and debility, — of course we should not expect to find such a case regular in her monthlies, —

Before instituting a general or rational treatment in such a case, we would only combat the symptoms present, with such remedies as the especial sign at that time indicated, viz, Anesthetics, Anti-spasmodics, Laxatives or purge, Diuretics, Cataplasms

Stimulants &c. —— We should enquire first if the patient were a Single Lady, if so, whether there had been any disap=pointment in a love affair, if at School, in fact we would endeavor to learn whether there was any cause for Ment=al disorder, — if not: We should look then to the Nervous System for the cause, i.e. if we are satisfied that there is no disorder of the Uterus or Ovaries. Nor would we forget to bear in mind, that the symptoms enumerated might depend upon disorders of the Cerebro-Spinal, Thoracic or Abdominal Organs, —— But however, the cause Known and removed, by the use of Tonics, a generous diet, change of locality, exercise, both in and

out-doors, Cool or Cold Baths with friction, over the entire body until reaction: twice a day, we should expect much benefit to our Hysterical Friend, —

All cases of Dysmenorrhoea, that shall come under our notice, requiring Surgical Treatment, we shall rely confidently for satisfactory results on Dr Barnes' Practice, and the instruction we have received from Professor Howard and others, during the two terms that we have spent at the University of Maryland, as not only thoroughly competent authority, but the best for reference, in our Treatment Constitutional as well as Surgically. — and now

in closing our Thesis, we can not omit giving, the Medical Faculty of this College, all the praise and Credit, for whatever Knowledge we may possess, of the Theory and Practice of the Healing Art.

Very obediently and
Respectfully submitted
Wm A Smith.

Thesis on Diphtheria.

For degree
of
Doctor in Medicine.
By
St. Clair Stutt.
of Maryland.

Class 1880.

Thesis on Diphtheria.

To the Faculty of the University of Maryland.

In adopting this as my subject for a Thesis I do it, not, with the expectation of advancing any very new ideas of the disease, for already has the subject been so well treated of and exhausted that an attempt on my part would be premature, as well as futile, so will content myself with —

giving an outline of the disease as it has presented itself to me and in conformity with my teaching making such criticisms as seem just and proper. With this I present it to you for your consideration, hoping that it will meet with your approval and approbation.

Diphtheria.

An acute, specific disease affecting chiefly the mucous membrane of the pharynx and upper air passages with a deposit of lymph or formation of a false membrane.

The term "diphtherite" as suggested by Bretonneau was the original word from which the present name diphtheria was coined and this word as coming from the Greek means the formation of a false membrane and -

in this way distinguishing diphtheria from other diseases.

The presence of a deposit in the throat seems to have been noticed from the earliest times.

Hippocrates two thousand years ago describes a disease similar to the one now under consideration though Aretaeus seems to have better understood the signs and nature of the malady in accordance with the affection of today's than any of the earlier writers.

These various definitions &c. were built upon the disease by different writers until Home made a special study of the affection and brought to light many new points which were unknown to his predecessors.

This era was soon followed by valuable additions from the pen of two American physicians who seemed to recognise the disease and suggest various modes of treatment.

The research into the disease is still going on and I hope the time is near at hand when the true nature and cause of the malady can be put clearly before us.

Causes - The causes of this disease are many and varied, some of which to this day have not been clearly brought out.

Is the disease contagious if so, how and in what form does the contagion present itself? This is the question that has been -

discussed by many authorities with as many different results, so it is as hard to place the cause as it is difficult to find out its true pathology.
It is probable that it exists in the form of matter, capable of being carried about by the atmosphere deposited and propagated by anything that favors its existence.
As to whether the disease can arise of itself or not was long a question of dispute but I believe now-

it is the generally received opinion, that it must receive its origin from some of the specific germs of the disease.
Climate seems to exert some influence over the disease, temperate and damp climates favoring its development; the germs being acted on by some atmospheric force.
As to how the poison is diffused, it is highly probable that it may be, either from person to person by the air or —

through the water and food that is taken.
As to inoculation, I do not think we have sufficient proof to warrant us in saying that it can be done.
The period of incubation is as a general thing short. Children are most liable to be attacked by the disease.
Symptoms -
These vary according to the gravity of the affection, from a slight sore throat to a most serious disease.

I will content myself with giving some of the most prominent and generally conspicuous symptoms of a typical case.
The disease is ushered in with a chill followed by a rise in temperature and pulse with a loss of appetite and nausea followed soon by appreciation of trouble at the throat.
On examination, a viscid, yellow secretion will be found deposited on one or both tonsils; a little —

later the mucous membrane becomes infiltrated at certain points with a yellow substance now extending to fauces and pharynx, this constitutes the false membrane - which is invariably present in diphtheria.
Swelling of the glands is to be looked for.
Deglutition somewhat interfered with and a feeling of constriction in the throat.
Urine when found high coloured and containing albumen is a symtom of serious nature,

If the disease continue unabated, it will extend to larynx and trachea the patient expiring from asphyxia. Voice is hoarse and respiration embarrassed with distressing dispnoea. Breath becomes fetid from a change in false membrane which is being thrown off in folds. Paralysis is the most prominent sequel following diphtheria, the various local lesions and debility are more the results of the disease.

Paralysis rarely ever makes its appearance until two or three weeks after all other symptoms of the disease have abated and then it is ushered in very slowly, at first giving little inconvenience to patient, after which as it affects different regions may continue slight or become very grave.
Its peculiarity is that it affects only one set of muscles at a time, whether they be of the palate, pharynx, eyes or extremities.

this complication is as a general rule amenable to proper treatment, though it may continue for some length of time and in instances cause death.

Diagnosis- This in some cases is very difficult. There are various other diseases, as simple sore throat, tonsillitis, croup, scarlet fever, acute laryngitis that simulate diphtheria in their various forms and symptoms that a certain diagnosis should be given guarded-ly.

Epidemic of the disease, fetid breath, albumen in urine, presence of false membrane and paralysis following will, with the many other symptoms enable you to fix your diagnosis.

Pathology - The chief point in diphtheria is the false membrane, of a yellowish or grayish white color, elastic and somewhat resembling fibrine, yielding freely to caustic alkalies.

Thickness; The membrane were thinner in the early stages becoming thicker as the -

patches coalesce and adhering very closely to the mucous membrane. In structure the membrane seems to be made up almost entirely of cells secreted from the mucous surface & holding in solution various matters the pathology of which is not known.

In the more favorable cases the membrane undergoes degeneration, throws off, leaving a smooth mucous surface but when the disease is more severe it may go on to ulceration or even gangrene. Now what is it that give rise to this membrane?

By most observers the materies morbi is considered to be of a parasitic origin of vegetable life while there are others who have a fear of animal life to account for the origin of the membrane. Complications - The heart and lungs are generally more or less involved, the former seemingly undergoing some change, as fatty degeneration, deposit on valves &c while in the latter the bronchial tubes are more or less inflamed, with some congestement of lungs with emphysema & pneumonia likely to follow.

The liver, spleen, stomach & kidneys are all more or less ~~involved~~ congested.

There may or may not be structural change in the brain.

Your prognosis will depend upon extent of disease, gravity of its symptoms age and state of patient, hereditary tendency and the amount of constitutional disturbance.

<u>Treatment</u> - This disease being in part a general blood ~~affection~~ infection and liable to run its course, your treatment should consist in supporting your patient -

and meeting any serious indications that may arise. Hygenic attention in this disease cannot be over-estimated, the patient should be placed in a large and well ventilated room with a moist equitable temperature. The food should be light and nutritious, taking but little at a time and that at regular intervals. Stimulants should be given freely and boldly, taking the pulse as your guide. As to bloodletting I think it should never be practised-

as I do not think depletion to any extent is ever called for in this disease. It is probable that an occasional lancet to the neck may do good.

Your medical treatment should be general and local, of the two I have more faith in the latter.

The therapeutical agents that may be employed in your local treatment are many such as astringents antiseptics, caustics and so on.

Perchloride from with glycerine carbolic acid used as an aspersy is of much value —

tannic acid and alum as a spray or by insufflation. The various antiseptics may be given with good results. Carbolic acid as an inhalation may be of great benefit. Permanganate potass, chlor. potass, hydrate of chloral used in different ways with good results. Chlor. Potass and lime water in combination should always be employed and I am persuaded that lime water as a dissolvent is one of the best agents we have at our command. Crushed ice in first stage.

give great relief.
When cold is applicable in first stage, heat in form of inhalations of steam and hot fomentations are capable of giving great relief in latter stages of the disease.

General Treatment.

The general Treatment should consist in keeping bowels regular, supporting patient, soothing pain, allaying inflammation and making your patient comfortable. Iron is undoubtedly our power —

most efficient agents in this disease and should always be employed.
When you have high temperature Quinia should be given. To produce quiet and sleep give opium.
There are many other drugs that might be employed and with good results, as carbolic acid, cubebs, Chlor. potass. Salicylic acid, diluent drinks, tannic acid and leeches and cups when necessary. Expectorants & senega and carb. ammonia may be given to a limited extent.

In all our list of medicines I do not think we have any that are specific in their control over the disease. When all our remedies have failed and the disease extending rapidly to the large air passages and death seem inevitable from suffocation we may as a last resort do tracheotomy which though giving us ~~some~~ little hope may in some cases prove beneficial and save life.

W. Blair Stott.

Feby. 4th. 1883.

Thesis - Intermittent Fever
by -
Henry Leonidas Shepherd -
of
Maryland -

— Intermittent Fever —

Intermittent fever, a malarial fever characterized by the occurrence of the febrile paroxysm at regular successions, and by the entire cessation of the febrile action between each paroxysm — This intermission of the febrile action is the characteristic point of the intermittent type — This fever has been called by various names, i.e. "chills and fever", "ague", and in certain localities where it is so common as to occur "swamp fever", "Panama fever" &c.

Typical case when complete consists of three stages, the cold, hot and sweating, but often one or other of these stages is absent. Sometimes and it may say very often the fever has certain premonitory symptoms; the person may feel a sort of malaise, there is loss of appetite, any mental or physical work is done with reluctance or it may say there is an indisposition and if in fact the person seems that he is in such trouble, his vital energies seem weak. There may be some headache and pain in the back — All these symptoms do give warning that an attack is coming, but there may be altogether wanting — As I have said above, this each paroxysm, when complete, was divided into three stages, cold, hot and sweating stages —

Cold Stage - The cold stage is generally ushered in by a chill which is more or less intense - There is pain in the back and limbs - constriction about the head. The chill may be so slight that it often passes off without the person being aware of it - he may only feel a little chilly; but as a general rule, when these chills come, they most always make one feel them, and happy is he who knows not them. The chill may be so intense that the patient may shake violently, and there may be distinct rigors - the patient's bed shakes, the teeth chatter, and the loose ones fall out: it has been said that the chill has been so pronounced as to fracture round teeth, but I think that such chills as that are quite curious - the face becomes pale - the features shrunk - and the rings which are said to fit the fingers tightly have fallen off during the chill - The patient feels intensely cold, his hands cold, his knees cold and the face almost as white as death - It has been said that the ends of the fingers have been cut, but did not bleed - In fact, the person looks like one exposed to great cold and he may sit by as hot a fire as he pleases, but he will not get warm; he gets into bed and calls for blankets and hot bottles bricks and a few many other things are placed round him but of no use, for that was the case with me - no matter what did was of no use -

There is often some gastric disturbance, nausea and vomiting, severe headache and the patient feels great restlessness. In this cold stage as it is called, the patient is really becoming hotter, but he does not know it. The temperature is actually increasing while he feels so cold. The heart beats slower, but stronger, on account of the pressure of blood, for all the minute arteries being so contracted, forces the blood back into the larger arteries - and this is the cause of the pale face, white lips &c. We must infer from the blood being driven from the surface or as some may say kept from entering the minute ramifications of the arteries, that there is congestion of the internal organs such as, liver, spleen, kidneys &c. This is why the congestive chills are considered so dangerous, on account of the damming back of so much blood, in such important organs. The duration of this cold stage varies, it may last 15 minutes or be prolonged to two or three hours, but the average duration is from ½ to one hour. After this stage comes the hot stage or stage of fever

2nd stage - As the cold stage gradually ceases, the minute arteries relax, and the blood, that has been pent up during the cold stage, gradually makes its way to the surface again - the face, lips, extremities &c soon assume their former color, and more than that, they become red, flushed. Soon the fever is very

intense - the skin becomes hot and dry; there is much thirst, the mouth hot and parched, tongue furred - the pulse is quick and the temperature high from 102°-3° to over 106° - There is severe headache and pains in limbs; the patient is restless, sometimes there is nausea and vomiting, bowels generally constipated - Sometimes there is delirium; the urine scanty and high colored. This stage is soon followed by what is called the sweating stage - The febrile movement may be short or may last a long time; it generally lasts from three to eight hours. As in the cold stage, the patient is feeling warmer all the time, so in the last stage he is getting cooler -

The sweating stage

By degrees the skin becomes moist and at length there is a little perspiration on the face and neck - then patient feels asleep, and awakes bathed in perspiration the pain in back soon, the headache ceases shortly soon - the temperature falls, the pulse becomes normal, and off in fact the patient awakes a different person, though a little weak from the attack. When the moisture begins to appear it is a sign that the fever is about to end - As in the other stages, the length is variable so in this one, and also the sweating may be very slight - the average duration is from two to four hours. After this stage there is an intermission; By intermission

we mean the time from the ending of one paroxysm to the beginning of the next. The period from the beginning of one to the beginning of the next paroxysm is called the interval.

These attacks frequently occur at regular periods, and are divided into certain types. viz. When the chill takes place every day, it is called the "Quotidian Type". When the chill takes place every other day, called the "Tertian Type". When two days elapse and the chill occurs every fourth day it is called the "Quartan Type". There are other types such as the Sextan, Quintan &c. but these are rare and are to be considered as curiosities. Of the three most common types, the Quotidian and the Tertian are most common; the Quartan is said to be rare. Of the Tertian and Quotidian, the Tertian the most common. As stated by Dr Flint out of 96,000 cases of intermittent fever only 17 were of the Quartan type. Showing how rare is the Quartan. Dr Flint was not decided with regard to the Tertian and Quotidian.

Sometimes these types change; thus a Quotidian may become a Tertian, or a Tertian may become a Quotidian and vice versa, there is a double quotidian in which there are two chills in one day, and a double tertian in which the chill occurs every day but at different hours on successive days, and at the same hours on alternate days.

A double Quotidian also is a, returns each with in wh'ch the chill occurs on two successive days and on the third day none; it is said to be rare; but I see the Dr. Flint says that a double Tertian is not infrequently met with. Generally, the rule is, that the chill occurs during the day; but sometimes the chill occurs at night. Last summer, I attended a patient who said the chill occurs just before "day break", and another who said that the chill always came just as the sun had gone down. both these, were of the Tertian type; but the most that I have seen occurred during the day. The great portions of the cases of Quotidian and Tertian types occurs before noon; the Quotidian rett. before the middle or the middle of the day.

Usually the chill takes place precisely at the same hour each day, if the Quotidian; if the Tertian, every other day and so on; but sometimes the chill may come on ½ hour or an hour later or sooner than the last chill; then they said to be anticipating or retarding. Anticipating when ~~the~~ each successive chill occurs sooner than the last; Retarding when each succeeding recur later than the last. This variation in the time of recurrence is said to be a sign that the disease is about to end. During the remission, some persons complain more or

others, some complain of mere debility with no loss of appetite - good digestion and of no apparent disturbance of any of the functions, while, on the other hand, others are utterly prostrated by the attack, with appetite and digestion impaired greatly and many other disturbances - With me when I had the disease, I felt only a little weak and that was all - "In some localities there are cases called 'Bilious Fever', in which cases the paroxysm are much fuller developed; and the patient may complain of nausea and vomiting with depletion and appetite impaired. headache and lassitude - the urine is furnished with a thin and very white coating - these ailments occur regularly at same time or successive or alternate days - The eruption may not indicate severe action, but the thermometer will show a rise of temperature". This is sometimes called 'Dumb ague' or 'Dumb chill'.

The duration of the disease is variable: it may last only a few days, or may be protracted for several weeks or even months, the average duration of the cases that I have seen is from two or three weeks - under proper treatment the disease does not last more than three days.

In the country, where I live many have the chills as they call them for a much

lon per time, especially is this the case with those who cure themselves. This is the case especially with the negro population who never send for a "doctor" until they have used all the wild cherry bark and Virginia snake root and Boneset, they can find. These three that I have mentioned are the popular remedies with many and in some cases, they do stop the chills. But countries where the disease is prevalent, many experience the attack every autumn - especially those who reside on the banks of the river, and on the highlands also for that section where I resided is very malarious. The disease is most common at middle age, yet some is free from the poison, who are exposed to it. As the saying is that the "sins of the parents shall be visited upon the heads of their children" so it is in Illinois before he is breathes the breath of life may experience the attack. Watson relates a case which he attended, where the mother had the ague of the tertian type, and on alternate days the little foetus in utero had it also. He treated the case, and the child was cured before the mother was.

Enlargement of the spleen is a very general complication. Sometimes this complication is so marked that the organ becomes of very large size, and can easily be felt through the abdominal walls. This enlargement of the spleen is called, "Ague Cake". This enlargement generally occurs in cases of

long standing; but it is common in cases of short duration also. Anaemia is another complication or sequel, the patient is debilitated, pale and thin, this is due to impoverishment of the blood, and is called "malarial cachexia". Dropsy, anasarca, pneumonia, dysentery, diarrhoea &c. are said to be complications.

After treatment, the disease is liable to return if the remedy is not taken long enough. It may also run into the remittent form. The days on which the disease is said to be liable to recur, are the 7th, 14th & 21st. And I had a case to illustrate this. Both falls just after Prof. McPherson had lectured on malarial fevers. My sister-in-law had a child in this city, was taken with the intermittent fever, and she thought I should know something about it, since she left me to my hand in her house. So I remembering what Prof. McPherson said, told her to give some Quinia 5 grs every 4 hours, which succeeded in stopping the chills in three days. Being such an unpleasant medicine, she sent to her family physician, Dr. W. B. Rexford for a remedy, and he gave her pills of Quinia & Cascarilla and Strychnia tonic. These pills lasted till the 10th day, when she felt a little worse, and next day more. Again on the 21st day, the chill returned, and was of the remittent character which lasted her for two weeks. I think this shows that the disease will return, if medicines

are not continued long enough - Again I had a patient last summer, who had the intermittent fever and succeeded in breaking up the chills in a short time, and she went about giving me a bad name, but I told her often, that she must continue the medicine which I gave for her for a certain time; and when she had taken all, to send for more. - I also told her that if she did not take the medicine, as I told her the chills might return, and the feeling so well would not do as I had done, so in about sixteen days she was taken with the chills again, which were a great cause and about that time I left for the Univ. of Md, so do not know how the case went on after that.

Before entering into the causation of the disease I must say a few words about pernicious intermittent fever, for both the simple and and pernicious are caused by the same thing, Malaria -

Pernicious Intermittent Fever - Pernicious Intermittent Fever, sometimes called Malignant, congestive, but the name most-ly used now, is pernicious - Having never seen a case, it is impossible for me to produce anything original, and therefore, all that I will say about this form, must be from what I have read and heard - It is said that, pernicious intermittent fever occurs in isolated cases without the simple or ordinary variety of the disease preceding; but in

It is stated that such cases are very rare. It prevails at certain seasons in malarious regions, and prevails in countries where the simple form is common. By its nature it is a very grave disease. In this country where the pernicious form prevails mostly is in the southern and western states. It is stated that all observers agree that, in many, if not in most cases, a pernicious paroxysm is preceded by one or more paroxysms not denoting any symptoms of the gravity of the disease. In certain proportion of the cases, the grave character is manifested at the onset of the disease. "Drake states that the pernicious character of the disease is foreshadowed by some slight anomaly in the first paroxysm, such as a partial numbness or coldness of the great toes instead of a regular chill or a disposition to sleep at the onset of the paroxysm." Sometimes it is so mild, at first that one is readily thrown off his guard. In some cases there is more or less coma and in other cases there is delirium preceding the coma, and the delirium so great that the patient is required to be restrained. "A form called "algid" is characterized by a notable reduction of temperature, the extremities becoming cold as marble and as cold as that of a corpse" (Flint). In some cases there is frequent vomiting, and vomiting and purging are sometimes prominent symptoms, leading to a state of collapse like that of epidemic cholera

Albuminuria is sometimes a prominent symptom. Hemorrhage from the stomach, bowels, and kidneys is sometimes a symptom of the disease. The regular succession of the different stages is often wanting in a pernicious paroxysm. The pulse small, feeble and irregular. The development of well marked febrile movements, with a full, regular pulse and hot ~~and dry skin~~ skin is an evidence that the patient will pass through the paroxysm. If the first paroxysm be severe, the danger will ~~not~~ in proportion if another occur.

Treatment.

The treatment of this form, in the first place should be to arrest the paroxysm in the onset by large doses of Quinia or some other preparation of Bark. Surgeon should never be careful. Enfeebled action of the heart calls for alcoholic stimulants. Chloroform in 2j doses has been [illegible] by some. This forms the greatest part of the treatment. Opiates are indicated to quiet delirium and restlessness. Quinia [illegible] be given in large doses, so as to produce its effects as soon as possible. The dose should be from 20-30 grains. If the stomach reject the drug, the hypodermic may be employed hypodermically or Quinia may be given per rectum. The main object is to prevent another paroxysm, and for this end we [illegible] nothing better than the cinchona bark. The patient must be supported, and the after effects treated as circumstances.

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malarial
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The causation of Malarial fevers is held to be a certain poison called "Marsh miasm", or the other name Malaria. This poison requires, moisture, heat and earth for its generation. The temperature must be 60°F. We know that, in summer, when the temperature ranges above 60° Fahr. for a long time in regions where Malarial fevers are known to exist, it predisposes to the development of the disease. It is almost never in crowded cities, but in this city west of Fremont and south of Pratt Sts. the disease is said to prevail. It can be blown to a distance of five miles. It is kept off, if it meets with dense foliage. Hence where there is low marshy districts, it is its most favorable seats. The poison is filed at the temperature of 82°. F. Newly cultivated land predisposes to it. digging foundations for houses, cutting away for railroads &c. are said to be a cause. ; its development, or rather a fort in The formation of the Malaria. It is stated that sailors at sea are free from the disease, but as soon as they come to land in malarious districts, many are attacked with the disease.

The Malaria is said to have a tertian course; for it is known that persons

sleeping near the earth, have the malaria more than those who sleep farther away. This is the case with the negro population in our section of the country, where the houses are only two stories. And many in the summer time sleep in the open air, these are often subject to the disease, while those who sleep indoors and on the upper floors often escape the disease. It came from my own little and short observation, that those who sleep on the upper floor escape, those who sleep in the open air and on the lower floor do not escape. The poison may be taken in through the water that is drunk. In a certain section of the country where there are large mountains, and the disease is not known to prevail. Dr McSherry was saying that during the winter when there were heavy snows, that many of the soldiers would have the disease in the spring. The surrounding country was examined, but no malaria could be detected, but when the water was examined the malarial poison was found in abundance. He says that the explanation of this is that the disease was brought from a section where the malaria was known to exist, by the frequent thawings.

At my home there is a pump, the water from which contains Iron and Sulphur. By the Microscope no animalcules can be seen, but the water from the Springs are full of them. I tried this last summer but found none in the water from the pump. The water from the different Springs are full of these animalcules. Now it is known that that section, is full of "chills and fever" as the people say, yet we who drink the water from the pump never have malarial fever, unless we contract it elsewhere. On the same place at the distance of 1/4 of a mile is a tenement house, the dwellers of which do not use the pump water, have the disease much every fall. Those living on the same place and on the adjoining farms, who do not use the water from the pump take the disease, while those who use it much always escape. Last summer one year, the pump got out of order and we had to use ~~pump~~ Springs water. A great many of our family and those living near the town worked occasionally take Quinine for they said since the water was gone they must take ~~to~~ something to keep the chills away. My sister and I worked out at times, for to use my expression I had never

had a chill in my life, so I said it was all nonsense. My sister at that time never knew what a chill was. One or two others on the place did not take the drug. Now it turned out that when my sister and I came here to the city we both had the chills, and one other in the country who did not take quinine also had the chills, the rest escaped. Last summer the pump was fixed and we drank of the water, but used no quinine. Not one of us had the chills. But those living in sight of us, who used spring water had the malaria. Therefore, I think that the malarial poison is taken in through the water. In this pump water no living being can be found, by a high power microscope. I think this spring must be equal to the little red spring in Va. that Prof. Howard speaks of. I know this mt. that my father has hired hands who had the chills when they came on the place but as soon as they used drink this water and no other the chills would leave.

Dr. Salisbury inclines to the opinion that malaria is caused by the introduction into the system of cells of spores emanating from certain species of the Algoid plants called "Oscillatoria", which belong to the lowest known vegetable organisms.

He calls these species of plants "miasma" which signifies earth miasm; — also called them "ague plants". To prove his point, he examined, by the microscope, the salivary secretions and mucous expectoration in the morning, of those living in a malarious country, and he found cells of an algoid type strongly resembling those of the palmellae, and these were the only constant bodies present. He also examined the salivary secretions of those living in districts which were not malarious, but he found no such cells. These palmelloid cells as he called them, he obtained, by placing plates of glass, near bottom ground, over night, in places where malaria was known to exist — and these so called [illegible] plants were always found where malarial fever was known to exist. He also took cakes of ground from a malarious region where these palmelae were found and carried them five miles from that place, into a healthy region where malarial fever was not known — he placed these cakes on the sill of an open second story window where two persons slept, and a plate of glass suspended over these cakes over night, was found to be covered with these palmelloid spores and cells. Both of these persons had the intermittent

fever, one on the 12th day, the other on the 14th day; but no other person of the family was taken with the disease. The ague plants were found in the urine of persons with malarial fever. Although this theory of Dr. Salisbury seems to be quite correct; yet it is stated that the observations of others did not confirm his, and this theory is not generally adopted.

91 The period of incubation of the disease is uncertain; it may be a few days only or weeks or sometimes years till the disease manifests itself. I lived in a very malarious region 18 years and never had a chill, nor did I take any thing to prevent them, except that I would take sleep sometimes out of doors during the night, which I think would help to bring them on, rather than keep the chills away. Many a spring and fall I have turned up fresh soil, but never had a chill. Since I came to Baltimore last fall one year. I have writers who are farmers, and they, as their profession calls them, turn up fresh soil every spring and fall, yet they do not have them, while our neighbors have the chills every fall. The vernal chills are considered to be milder than the autumnal, as I have said before all ages and both sexes are not subject to them; for it is not confined to either

Anatomical characters.

"Enlargement of the spleen, Bronzing of liver, spleen and brain which is found after death from pernicious fever, and the presence of a dark pigment in the blood called Melanaemia which is supposed to exist in simple intermittent fever in ~~in~~ the only known anatomical characters"

Diagnosis

The diagnosis of intermittents fever in cases which are well marked is not difficult. By the entire cessation of the febrile movements is the chief point of diagnosis from remittent fever. It is said that febrile paroxysms resembling those of intermittent fever may occur in pulmonary tuberculosis, they may present three stages well marked and which occur at regular intervals. They occur fewer ~~in~~ the afternoon than in the forenoon, while those ~~of~~ in remittent fever occur in the forenoon. And again by examination of the lungs of persons not ~~suspected~~ to consumption is a rather positive. If the theory of Dr Lebert is correct, and he states, that these pacmelloid cells are found in the urine, the examination of the urine would be a good point in the diagnosis.

Simple intermittent is not a grave disease, but, whenever, it runs to the grave forms, it is to be considered a pernicious.

An ordinary case of intermittent may prove serious by its long standing, ~~and~~ by producing great debility and anæmia. and dropsy may result from it. A simple case is very rarely fatal. It has notoriously influence against pulmonary consumption, but ~~it is~~ [illegible] Sherry say rather predisposes to it.

Treatment

In the cold stage, the patient should be put to bed, and hot bricks to his feet, hot bottles of water to his back and some warm drink. But a great many do not observe this. In the hot stage, cooling drinks should be given, ice lemonade and the like. In the sweating stage, the patient generally [illegible] away the perspiration and it does not to expose himself to the cold. All this may be done away with, and the curative treatment commenced at once. I mean a course of one of the alkaloids of the cinchona barks is given. Preparing the patient for the course, Quinia or one of the other alkaloids is done away with. Generally if the bowels be constipated a mild Cathartic may be given at the outset, or an castor oil, tartrate potash, or soda, or a dose of blue mass or some other mild Cathartic may be given. The cinchona bark should be given in dose of from 5 - 10 - 15 or even 20 grains at a time, so as to counteract the chlo-

The remedy should be given as near as possible to the paroxysm that has passed. The plan that I adopted when I treated the few cases that I attended was 5 grs of Sulph-Quinine every 4 hours till the chills were broken then 4 grs 4 times a day till the 7th day, then I directed 5 grs every 4 hours. if no chill occurred on that day, then I directed 4 grs 4 times. On the 14th and 21st 5 grs every 4 hours. I directed 6 grs every morning for a few weeks. The plan is to give the remedy till it produces a buzzing in the ears. Some persons can't take large doses of Quinine, so the sulph-Cinchonine or cinchonidine be taken, as it is held that it does not produce the unpleasant effects ~~effects~~ like quinine, but I cannot see much difference. It requires to be given in larger doses than Quinine. It is best administered in solution and its solubility may readily be effected by adding one minim of the aromatic sulphuric acid for each grain of Quinine. If given in pill form, they should be made recently. If the stomach does not tolerate the drug it may be given per enema. Many persons object to the remedy on account of its bitterness, so if desired it may be given in capsules or wafers. ~~Simple elixir~~. Elixir aromaticus may be added as per the vehicle to administer it in, to mask the taste.

The hydrobromate of Quinia is much employed hypodermically - 4 grs may be injected at a time. By the hypodermic administration the drug is more speedy in its action, and will save expense in the end - Sulph Quinia in the same doses of the sulphate of Quinia is much employed now. It is thought to be much cheaper than Quinia, but I think that at present it costs more, for Quinia is now down very low - Many other alkaloids of the Cinchona bark are used, but Quinia is thought to be the best.
Many other remedies have been employed Salicylic acid in doses of from 10 - 25 grs may be given, Salicylate of Sodium also possesses decided antiperiodic virtues - Potassium - Sulphate in ¼ oz doses has been used - Port. The ferrocyanide of Iron in ½ doses proves curative sometimes - My preceptor Dr. P. B. Rogers said he had a patient whom he could not cure with Quinia, but as soon as he put him upon this the chills did not return - Strychnia and Nux Vomica have been recommended - Next to the Cinchona bark is Arsenic - Fowler's solution, in doses from 5 to 10 drops daily - After the breaking up of the attack, Quinia or other preparation of bark should be taken regularly for some time

Anaemia is to be treated by tonics - Iron, Quinia in tonic doses. Sulph. Strychnia, and Nux Vomica are good remedies - Arsenic in such cases, seems to do more good, than during the progress of the disease - Many other remedies have been used and most all have proved useless Arth. Chisolm says that we have no better tonic than the Fr. Ferri - To give all the different remedies for the ~~the~~ treatment of Malarial Anaemia, would tire your patience too much; suffice it to say that a tonic consisting of, Ferri Redacti. Quinae sulph - Strychnine sulph - and Arsenious acid; is an excellent one. Fr Ferri - Simples bitters - Wild cherry bark - Comp - Fr. Cinchona very good - The complications should be treated according to the indications of the case.
To prevent Malaria, Quinia should be taken, say 5 grs or 10 grs during the day - and some who live in malarial districts, generally take 5 grs in the morning and ~~then~~ stop or keep off the chills - To conclude I must say that Quinia is the remedy for Malaria fever I will end - "Nulla Palma sine labore".

Very Respectfully
Henry Leonidas Shepherd. M.D.

"Aneurism."

In Carotid

By Aneurism, we mean a more or less circumscribed dilatation of the walls of an artery, and may be due either to weakness from nutritive impairment, or to a partial destruction of one or more of the coats of the vessel. – The first variety, the entire calibre of the vessel is widened and forms what is known as tubular or fusiform aneurism, and may be complicated by increased blood pressure or by the presence of a tumor; the variety may also be called true aneurism the coats of the vessel retaining their entirety. – In the second variety the disease is caused by rupture of the coats of the vessel by external violence or by the detachment of some morbid deposit; when all the coats are involved, the walls of the vessel are formed by muscle and connective tissue and is called diffused and spurious aneurism.

False aneurism however, which is the most common, but with and also the most fatal, results when one or more of the coats remain entire

and may be connected with the vessel by more than one opening producing what is known as dissecting aneurism. More commonly, the tumor has but a single opening and tends to assume a full rounded form.

When an aneurism is once formed it has a natural tendency to increase in size, thus accelerates or fulcrum variety. Having but a single opening receives at every point the full force of the circulation, and therefore increases much more rapidly and runs its course much sooner than the fusiform. It is like a steam charged steam boiler without a vent. On the other hand, from possessing such a small opening, it is much more likely to undergo spontaneous cure, it being quite possible for a clot to form, adhere to the walls, and by appropriating layer after layer of fibrine, to fill the sack completely. A section of such

a clot presents much the same arrangement of tissue as the onion presents in section.

In the fibroid a spontaneous cure is well nigh impossible owing to the smooth uninviting surface present to the fibrinous element of the blood. Cases are recorded, however, to show that such a result is among the possibilities, provided, the inner coat be absent; in such cases the force of the circulation must needs be very much lessened, and there is also considerable danger of embolic occlusion from detached blood clots; stones are, however, escaped the unfortunate results of occlusion, there is a possibility of the vessels being entirely obliterated by clots. The termination is hardly to be expected the occlusion more likely taking place in some division so far removed as to permit of the blood supply of the occluded part being accommodated by the increased size of the remaining branches

several of the subdivisions be occluded, the function of the artery might be so seriously affected as to reduce it to importance little better than a capillary, and in this case the aneurism to disappear by atrophy.

Symptoms - the subjective symptoms are very uncertain, and at times absent, the patients attention first being called by some swelling, or throbbing of the part, when, however, the surgeon is consulted for pain that shoots over the course of a nerve now having in contact with a large artery, he should be shown allows the thought of aneurismal pressure to pass thro' the mind, and when it is associated with a tumor in close proximity to an artery the suspicion of its being aneurismal is strong

on the cardiac side, and should pressure on the tumor modify the pulse in the vessel below, the chances of its being aneurismal are almost positive. Should it expand again readily on the removal of the pressure; should the expansion be accompanied with a peculiar thrill on the readmission of the blood to the sack, and with a bellows murmur or aneurismal bruit synchronous with the pulse on the application of the ear, the diagnosis is complete.

The pulse of the extremity below the swelling is generally appreciated less; weaker relaxed than its fellow, and as the disease progresses may cease altogether, the blood will then flow in an venous stream, or ceasing to flow either from obstruction of the arterial trunk by pressure of the aneurism, or the embolic occlusion of the vessel below from a recent coagulum, fulness of the veins with oedema of the parts supplied by the artery will soon appear, and at times pain from nerve stretching is excruciating. Should the aneurism be cervical and the circulation of the

be interfered with, yet during loss of consciousness may be present, and where pressure is made upon the recurrent laryngeal nerve the peculiar and characteristic hoarseness will be produced.

This hoarseness is sometimes associated with loss of voice and laryngeal spasm simulating laryngeal disease; when the cervical sympathetic ganglia are pressed upon, the pupil of the affected side may be permanently contracted, and nerve pain will be present according to the amount of pressure produced. When an aneurism has partially consolidated, or has so enlarged or become diffused as to press upon the soft parts and lose pulsation, some difficulty may be met in forming a diagnosis, and the surgeon will then depend as much upon the history of the case, as upon the existing symptoms. When external signs of inflammation or suppuration are present the difficulty will be enhanced, for it must be recorded that aneurisms under these circumstances have been opened for abscess.

Treatment. All treatment to be effective must be based upon the physiological process of cure by coagulation; to do this absolute rest is imperative, and the circulat-

must be arrested, this is accomplished in three ways:— by compression, by ligature and by manipulation (Ferguson's method) Compression, when practicable, must always be the method employed — ligature being a secondary consideration — and must be so adjusted as more or less completely to arrest the flow of blood through the vessel, digital pressure is always preferable to instrumental. can be more accurately adjusted, & not so liable to cause pain by pressing on surrounding parts. when instrumental pressure is employed care should be taken to neutralize as much as possible the local irritation, the instrument at the point of contact should be well padded, & the part dusted with chalk or starch, it is also advisable to use an auxiliary instrument.

An aneurism is known to be cured when it loses all pulsation, and the anastomosing branches around are ceasing pulsating, the patient should be kept very quiet for some days after the cure to allow the soft newly formed clot to form connections with the

surrounding parts. the treatment by flexion consists in compressing the afferent vessel with the tumor as the medium between the parts of the flexed limb. a bandage is wrapped around the limb from below upwards to the aneurism or joint the limb is then forcibly bent & maintained in position by a few turns of the bandage. the thigh is thus flexed on the pelvis, the patient turned on her side, with the limb resting on a pillow. to large aneurisms this plan is inapplicable and probably dangerous, as it may induce rupture, when inflammation or other complication exists, it ought not be employed, the pain is often intolerable and forms a serious drawback to the operation

The treatment by ligature is only to be applied where pressure can not be applied or when it has been unsuccessful. the ligatures should be either silk, hemp or carbolized catgut; and should be applied at some distance from the sack. to ensure against ligating through unhealthy tissue, when the ligature can not be applied to the cardiac side of the

Aneurism — the operation of Brasdor, or that of Wardrop must be made use of. The former is only of use in treatment of aneurism of the Carotid and the latter in Innominate Aneurisms. Brasdor's method consists in ligating the Occipital Artery below the tumor thereby completely arresting the circulation. In Wardrop's, the circulation is but partially arrested by the tying of one or more branches of the vessel; in Brasdor's operation unless Gangrene supervene, a good result is apt to follow. In Wardrops, though we escape the danger of Gangrene in the part provided over by the collateral branches, we do not necessarily disturb the function of the Artery, and may therefore leave the patient as we found him before the operation.

Reynaud's method consists in so manipulating the tumor, as to break up the contained clot, and thereby cause occlusion of the Artery. The dangers of this method are that the sac may be ruptured from the force employed or that inflammation and Gangrene may result. There are several other methods of dealing with Aneurisms which do not require particular mention

having been attended with so little success. They are not considered by the Surgeons of the present day, Arterio-Venous Aneurism. This is another form of Aneurism, in which the artery communicates with a vein, the vein at the point of communication being more or less dilated. This disease usually results from injury to an artery during the operation of venesection, and is more rarely met with. The symptoms and treatment do not differ materially from the other varieties.

A Thesis
by
W. Gray Smith
of Maryland

Some Very Practical Suggestions on the Conduct of Labor

University of Maryland,
School of Medicine.
Session 1879-80.

The evils of the woman's situation will be greatly lessened, if the people are such as to have warranted you in giving directions as to the preparation of the room and bed, and the administration of the proper food and medicines to the patient during a few days preceding her confinement.

It is well to have your arrival at the house announced to the woman before entering her chamber. It is exceedingly bad to rush unexpectedly upon her with your bag of instruments clanging at your side. Especially in the first part of labor should any-

thing which might frighten be avoided. In the later stages when the timid, anxious fear of an invalid has given way to the almost Amazonian determination to conquer; the sight of instruments is not so horrible, and the woman will listen calmly to conversation such as would have almost frightened her into hysterics before. Enter the room, then quietly and cheerfully. Approach the bed gently, and let the patient see by your manner that you appreciate the delicacy of her situation. Time is not lost in making some cheerful casual remark, in feeling her pulse,

asking to see her tongue, or doing any little thing you may to place her at ease. Thomas Rainalde quaintly puts it; "refreshing her alone with swecte words, geving her goode hope of a speedful deliverance, encouraging and enstomaking her to pacience and tolerance."

A good way to begin business is to ask whether or not the bag of waters has been ruptured. But it is not well to place too much confidence in the assertion of the midwives; for they are often deceived by an evacuation of the urinary bladder, caused by pressure of the foetal head upon it

It is well to ask also the time since the last micturition, and if it has been quite a long time, to introduce your catheter, if she is too far gone in labor to use the pot de chambre.

While, of course, our duty relates to the dangers of her situation; in the majority of cases it is no less our duty to see to it that the woman is made as comfortable as possible; that her clothing and the bed are kept as free as possible from offensive discharges; that her back or shoulders are not sunken down into a pit in the bed; in short, to use our utmost

wisdom to comfort her in this hour of deepest distress

A digital examination is invariably necessary to an intelligent knowledge of the situation. Before withdrawing the finger or fingers, sweep around the vagina and get as good an idea as you can of the capacity of the pelvis, and of the prospect for easy delivery.

If the os is only slightly dilated, and there is really no necessity for your presence, do not commit yourself by making a verbal prognosis, but go down stairs or into an adjoining room where you will be at least out of

mischief. If you stay in the room for an hour or so while the woman is comparatively comfortable; besides imposing your presence when it is generally not wanted; you will have to talk, and a reputation as "a chatty doctor" is not an enviable one. It is certainly best for the young physician to say as little as possible; for an open conversation between a modern obstetrician and an ancient midwife is sure to lead dispute, and the lying-in-chamber is certainly not the place for scientific discussion, or worst of all, for humiliating confessions as to the inefficiency or

uncertainty of our art. While, of course, the inexperienced Physician should be if anything more awake to the importance of every symptom than his better established rival; it is not wise for him to display his extraordinary solicitude to the Midwife, who at best has not too good an opinion of "young doctors," and will not fail, at every opportunity, to detract all she can from his glory.

It is not well to let the patient lie too long in one position. For instance, if Sims's position be the one practiced, and the labor is tedious; it will give the woman great relief if she turns for awhile

onto her back. Besides the sense of comfort experienced by the patient upon making almost any change; often a change in the direction of the axis of the comet is followed by an immediate advance on the part of the foetal head, though the change may not have seemed to be particularly indicated.

When the pains have come on pretty severely, a second touching will reveal the condition of affairs better than a hundred words spent in quizzing the patient or nurse.

The manner of supporting the perineum is told in every text book

and by every Obstetrician but one point in clinching the head I have never heard of but once. A very successful practitioner has told me that a finger passed up the rectum is a very efficient measure in addition to the ordinary support, when the edge of the perineum is stretched from the vertex coming down too obliquely backward, and the edge can not be slipped back. The finger may press the vertex immediately into juxtaposition with the os, and thus remove the only obstacle to the completion of labor. Dr. Meigs thinks it necessary to warn us not to begin pressure on the perineum too soon

lest its tonicity be impaired.

A rare but exceedingly awkward catastrophe may be rendered impossible by a judicious arrangement of the thumbs and fingers of the assistant about the axillae and legs of the child when it is lifted off the bed.

If, as is usual the case, the cord is too short to permit the extrusion of the child's feet it is much better to tie twice and cut rather than run a risk of overstretching the cord.

At birth the child should be laid on its right side and as near the mother as possible lest a slight movement be enough to constitute

the cord. With your finger clear the mouth of any mucous or blood and if breathing is not established, dip your hand in cold water and pat its belly and diaphragmatic region. All this may be done under a light cover, or the mother may be covered, and the child lais just outside her thigh with the sheet falling down between them.

It is still a matter of some doubt as to when the cord should be cut. It is not for a lyre to assert with the confidence of experience, yet even he, must have an opinion. It seems to me

that the suction force of the empty vessels from which the dilating pulmonary arteries receive their blood at the first few impulses, and the expansion of the chest must be at least equal to the expulsive force of the contracting uterus in driving blood from the placenta into the child's vessels. As the quantity of this "reserve blood" is variously estimated at from six ounces to as much as eight or nine, it is certainly worth consideration. That this blood even if saved to the child is lost in the few days succeeding birth is disproven by the fact that children to whom it has been saved, have

not so large a proportion of their weight as those who to begin with had not this blood. And one can but agree with Schücking, that if on account of hemorrhage or other cause, the placenta has to be immediately withdrawn, the blood should be as much as possible squeezed by the hand into the child's end of the cord.

If the cord is cut under the cover every care should be taken lest with its squeezing the child wound itself with the points of the scissors. It is well to so cover the points with the fingers of the left hand as to render such an accident

accident impossible.

A convenient mode of dressing the cord is the following: Say the cord is two inches long; take a piece of soft goods 6 x 2½ in. and cut a round hole about half an inch in diameter at the junction of the first and middle third. Through this pass the cord, turning the long end toward the pubis. Double this long end over the stump, and lay it flat upon the short upper end. Both sides of the short end should be anointed as should that part of the long end which will touch the flesh.

You can not consider your duty toward the mother as

discharged till you can feel the womb firmly contracted.

While there can be no doubt that portions of the placenta may be abnormally disposed to retain their seat, it is equally certain that very often so called adherent placentas are the offspring of carelessness on the part of the obstetrician. He fails to follow — hemorrhage, septicaemia, peritonitis, subinvolution and all sorts of uterine displacements from certainly as fearful a list of misfortunes as we can imagine.

I know of practitioners who never think of using the

water to arrest uterine hemorrhage. Yet if we judge from the journals now it is the haemostatic of the future in these cases. With all due allowances for the rage on a new idea, it seems to have many advantages. Undoubtedly shock may follow this as all other serious operations, but as certainly more shock follows from the administration of cold than of hot applications. Hot water is cleanly; may be made antiseptic by the addition of carbolic acid, and it is generally more convenient than ice. The reasons why hot water checks the hemorrhage are still sub judice but whether

it is chiefly by excitation of the vaso motor nerves or by coagulation of fibrine is not so much a matter of moment as the fact that it does arrest hemorrhage and provoke contraction and knowing this, it is our duty to give it our attention.

The obligations of the accoucheur toward the mother continue till she is entirely over the perils of child-birth and toward the child, till it is properly cleansed and clothed and handed to its mother's breast to receive its only proper nourishment.

A Thesis
on
Reflex Action

by John A Robb Jr.

Feb. 14th 1880.

For the development of a reflex action there are necessary 1st a sentient surface to receive the impression, 2nd an afferent nerve to convey it to 3rd a nerve center which will receive the impression and transfer it to 4th an efferent nerve by which it will be conveyed to 5th a muscle or muscles or some other irritable substance capable of responding to an efferent impulse so as to produce a definite result or action. Although the result obtained by such a mechanism is usually termed a reflex

action, the essence of a reflex action, according to Dr. Foster, is in the transmutation by means of the irritable protoplasm of a nerve cell of afferent into efferent impulses. It is not that the afferent impulse is simply reflected in the nerve cells and, so becomes but little changed an efferent impulse, but it is translated, as it were, into another language and is then capable of producing its legitimate effect; for the slightest afferent impulse conveyed along a single

sensory nerve may give rise to the most complex and varied movements, for example, in the spinal cord, the seat par excellence of reflex action, a single sensory impulse conveyed to the posterior horns of gray matter may, by the expenditure of great nervous energy, as it may be by simple stimulation, so change or affect the motor nerve cells in the anterior horns as to give rise to motor or efferent impulses which will cause phenomena both varied and complex. If the leg of a brainless frog be simply touched

there will only result a slight kick, or pushing movement as if to push the irritant away, but if the leg be more highly irritated, as with sulphuric acid a contraction of the muscles of almost the whole body will ensue. This also serves to prove a certain relation existing between the sentient spot irritated and the movements resulting therefrom. But an impression made upon a sensory nerve may cause reflex action in involuntary as well as voluntary muscles and may also affect the nutrition of a tissue.

Under the head of involuntary muscles may be classed the muscular fibres of the arteries whereby all those vascular changes, which play so great a part in nutrition and secretions are produced.
As an example of the fact that the nutrition of a tissue may be reflexly affected, apart from the changes in the blood vessels we may cite the experiments on the submaxillary gland, where we may under certain conditions obtain vascular changes without the secretion which generally accompanies

such changes, and vice versa we may obtain secretion without the usually accompanying vascular changes. Thus if we stimulate the nerves of the tongue the impression is carried by means of the lingual nerve to the brain and then reflected to the Chorda Tympani by which it is carried to the Submaxillary gland, and there produces an increase in the calibre of the vessels and also an increased secretion. But if Atropia be administered and the stimulant then applied we completely arrest the secretion

but the vascular changes still go on; on the other hand if we administer the digitalis and stimulate as before, we retard the circulation but the secretion is increased and is such as accompanies a dilated condition of the blood vessels and a free flow of blood through the glands. It is evident that vascular changes, although usually associated with alterations in nutrition, do not necessarily cause them, and that in the glands just mentioned, changes in the tissue composing it will occur without the calibers

of the vessels, or the flow of blood, through them undergoing any material alteration.

We will now briefly consider reflex action in its relation to disease and first as a cause. Coughing is a reflex phenomenon produced by irritation of the nerves of the pharynx, larynx, trachea etc and is beneficial by expelling substances which if suffered to remain would prove injurious: but when it is induced by inflammation in these parts it can not expel the irritant, and will therefore prove hurtful instead of useful. Professor Donaldson in

one of his admirable lectures on the diseases of the respiratory tract, spoke of a case of ulceration of the tip of the epiglottis causing almost incessant cough, night and day which had reduced the patient so very much in both mind and body as to cause a suspicion of phthisis, but which was happily relieved by a few applications to the ulcer. But coughing may be produced by irritation of nerves other than those which usually produce it, as in pleurisy. Here the cough is very distressing to the patient and by putting the lower ribs of the inflamed pleura

together may aggravate the disease and cause extension of the inflammation to adjacent structures. Vomiting in this manner is produced reflexly by irritation of the nerves of the stomach and is useful by ridding the organ of irritant substances and by preventing its over-distension. But when the vomiting is due to inflammation of the organ, it is not only useless but decidedly hurtful. Vomiting like coughing may be produced reflexly by irritation of other nerves than those by which it is more generally

produced, and thus becomes a disease of itself. Irritation of the glosso-pharyngeal nerves of the biliary nerves by a calculus pressing on them, of the renal nerves by a calculus in the ureter, of the uterine nerves by a fetus in utero, of the intestinal nerves as by a strangulated hernia, and irritation of the ovarian and vesical nerves in cases of inflammations of the ovaries and bladder may all reflexly cause vomiting and in nearly all, if not in all these cases, the vomiting may be so severe as to cause anxiety for both comfort and life

irritation of the nerves of the intestines may give rise to reflex phenomena which are more alarming and serious than vomiting. For instance, those cases of infantile convulsions due to intestinal worms are reflexly produced by the irritation to the intestinal nerves in consequence of the presence of the intruders and they resist all treatment so long as the parasites remain.
If the abdomen of a frog be laid open, and slight consecutive blows be delivered upon it, and the beating of the heart be at the same time noted, the heart will

be seen to beat slower and slower and finally stop in diastole, but if a sharp blow be suddenly delivered the same result will follow. This stopping of the heart is produced by the irritation to the intestines being carried by means of the nerves mesenterici to the medulla oblongata and thence reflexly causing a stimulation of the inhibitory nerves of the heart. In the same way may be explained those cases of sudden death following blows on the abdomen.

The urine is retained in the bladder by a circular band of muscular

fibres toward the rectum and expelled by the contraction of the muscular fibres of the body assisted by the abdominal muscles. As each of these muscles is liable to be reflexly contracted we may have reflex retention and reflex incontinence of urine. Cases are frequently met with, of incontinence reflexly produced by ascarides in the rectum which resist all treatment so long as the parasites remain.

A case of interest has lately come to the notice of the writer, a gentleman aged about forty, of fine physique and apparently enjoying the best

health, has frequently noticed, although having previously emptied his bladder that while in the bath, upon applying water to his chest and back, he has an involuntary discharge of more or less urine which burns and causes pain. He denies any venereal disease and says the urine only burns when he puts cold water on the parts mentioned. As the discharge takes place involuntarily it may be explained by saying the cold applied to the chest causes a reflex contraction of the bladder which expels the urine which may not have been expelled before with that which may have collected

in the time between the last urination and the application of the cold.

Although as prolific causes of disease Reflex actions is also an important factor in the treatment for without it how could we explain the action of blisters, poultices, counter irritation etc. or the good effect gained by wearing a flannel bandage around the body in cases of summer Diarrhoea & venture to assert were it not for reflex action that great 3rd a'as Everett the Lunatics would not be so often benefited as the many testimonials tend to prove

The action of a blister was formerly explained by supposing that by dilating the vessels in the part to which it is applied, it draws some of the blood from the inflamed organ beneath, and thereby lessens the pain and inflammation in it. But this is very improbable for the amount of blood drawn to the part covered by the blister is too small to materially affect the inflammation and moreover it does not come from the inflamed organ itself because of no direct vascular connections. Brown Sequard found that a blister applied to the lumbar region caused contraction

of the vessels of the kidneys. Judge Livingston found that after a blister had been applied to the back of a rabbit, for a certain length of time the skin and muscles in the vicinity beneath were red and congested, while the lung and pleura on the same side were pale and anaemic. This superficial congestion being too slight to account for the anaemia of the deeper organs by the old theory it would seem more rational to suppose the irritation caused by the blister reflexly stimulates the vaso-motor center causing a contraction of the delivery tubes, thereby lessening the amount of blood, delivered to such organs

1880

[illegible]

[illegible] used, the latter is the name that cor-
responds to the termination used to
distinguish inflammation [illegible]
[illegible] used in all writings.

Pneumonia is an inflammation of
the [illegible]. The question
is what constitutes the lung substance.
The term substance relates to the
air cells, vesicles or alveoli, together
with the bronchioles or terminal bron-
chial tubes. They are [illegible] of
[illegible]
lining the bronchia [illegible]
thin and shining, and absence of
mucous follicles. The air cells and
vesicles [illegible]

are connected by clinical [illegible]
ing the consider which each of the
[illegible]
[illegible] is [illegible]
that lining the bronchial [illegible]
one may be inflamed and not the
[illegible]
Pneumonia without inflammation
of the bronchial tubes.

Varieties

[illegible]
is called double if only part of the
[illegible]
[illegible]
traumatic [illegible]
if of long standing [illegible]
Anatomical character of acute

pneumonia, as first an abnormal
accumulation of blood, the blood
capillaries is engorged. The
inflamed lung is heavier than nor
mal & cutting into the lung the
surface presents a dark appearance,
with [illegible]
[illegible]
[illegible]
[illegible]
[illegible] within the air cells pre-
venting the entrance of air into the
affected lung. The lung then becomes
solidified and resembles a portion
of the liver, and is called hepatization
as the lung does not contain [illegible]
blood is [illegible]

[illegible]
breaks under pressure more readily
than in the healthy condition [illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
to the amount of [illegible] of the
[illegible]
carried off most by absorption, [illegible]
contend that it is expectorated, [illegible]
cannot be correct, as cases [illegible]
the different stages without [illegible]
[illegible]
[illegible]
[illegible]

[illegible] fibrine and pus, the lung now [illegible] [illegible] liquid flows from the [illegible] [illegible] pus take place forming pulmonary abscess. [illegible] The two latter are [illegible] Phthisis is often complicated with pneumonia, [illegible] phthisis sometimes [illegible] simulation but has no [illegible] developed by pneumonia. The d[illegible] is developed mostly in the [illegible] of the lung, the right [illegible] left. The disease is more [illegible]

[illegible]

[illegible]

[illegible]

in succession; the inflammation does [illegible]

but each lobe is the seat of an inflammation.

Symptoms.

Usually begin with a well marked chill with [illegible]

[illegible]

coldness exists as a subjective symptom. The attack is often at night and abrupt. Pain is usually severe and [illegible] referred to a circumscribed spot on the [illegible]

an indication of the amount of

a pleuritic condition accompanying

the pneumonia. Cough is present at

a [illegible]

[illegible]

[illegible]

viscid. In some cases sem assumes

the character which is highly cha-

[illegible]

colored sputum, this is due to a

[illegible]

[illegible]

lungs. The adhesiveness is seen

if the vessel be inverted in which

is held, will adhere to the sides

the same. The color is not at a

[illegible]

[illegible] that another case is taken as inflammation [illegible]

[illegible] and cause an [illegible]

[illegible] In certain cases [illegible]

[illegible]

and [illegible]

[illegible]

[illegible]

the power to be used [illegible]

If the delirium be [illegible]

equal [illegible]

should be constantly watched for, a

of doing violence to himself. [illegible]

a symptom of red inflamed con-

-junctiva, and if feltnish would is

[illegible]

[illegible]

The action of [illegible]

is determined by frequency of [illegible]

[illegible]

may be detected by physical ex-

-ation showing the presence of [illegible]

Dyspnoea is determined [illegible]

[illegible]

[illegible]

[illegible] about 36 hours [illegible]
[illegible] of [illegible] [illegible]
[illegible] is four or five days [illegible]
[illegible] Probably more [illegible]
the contagious period [illegible]
or four days, usually a week [illegible]
is required before convalescence [illegible]
[illegible] to [illegible] [illegible]
[illegible] but [illegible]
[illegible] [illegible]
[illegible] [illegible]

about the night or the day.

may last long as others away

the lungs in a very down condition

Patient.

accompanying it. It is not known

first or within it originals in the

blood. In human case it is the

blood poisoning the live not legal

physician

the separation

1st stage is slight infiltration of
[illegible] Owing to the
[illegible] the expiratory [illegible]
[illegible] second stage [illegible]
[illegible] and [illegible] inspiration.
This rale depends upon a third
fluid in the air cells and is
only heard on inspiration. Stage
decided dullness on percussion, we
take the air being forced from
entering the lung. In [illegible]
[illegible] with [illegible] [illegible]
third stage fine respiratory rale [illegible]
percussion. Dullness [illegible] expiration
the fine respiratory rale can not be
heard as long as consolidation has
not taken place. The [illegible]

[illegible]

to be complicated an [illegible]
[illegible]
sometimes in typhoid fever. In
miasmatic districts in remittent or
intermittent fever.

Cause

[illegible] cause [illegible] to
cold or [illegible]
damp [illegible]
or not [illegible]
[illegible]
of the voice, or violent [illegible]
[illegible]
[illegible]
No age is entirely exempt, it occurs
seldom in children under [illegible] year

of [illegible]

[illegible]

[illegible]

[illegible] females, on account of the [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] north and middle states. It [illegible]

[illegible]

Diagnosis

[illegible]

and febrile movement.

expectoration the disease

to form a diagnosis

cultation the capita

this can be considered

known by

[illegible] the diagnosis confirmed.

In the second stage the disease [illegible]

[illegible] and change, [illegible]

[illegible]

Prof. McShane

[illegible] side, displace[illegible]

3d: Emphysema [illegible]

[illegible]

[illegible]

Severe symptoms digest[illegible]

[illegible]

followed by infectration:

of inflammation [illegible]

[illegible]

bronchial respiration, dist[illegible]

voice. Cavities not peculiar [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

determined by the [illegible]

[illegible] would be a great [illegible]

forming a diameter than [illegible]

can be told by the following [illegible]

exterior and upper part of the

[illegible] have the vital and [illegible]

drawn with [illegible]

[illegible]

(Pour [illegible] directly

circuit and [illegible]

[illegible]

[illegible] of [illegible]

[illegible]

[illegible] should [illegible]

and at equal [illegible]

in bad cases should take [illegible]

[illegible] hours.

Mirelli

Neuroses of the Optic and Ciliary Nerves with Cases.

As time moves on, modifying and [illegible] all things material, [illegible] so spiritual, in no branch of science is this rapid development more marked than in Medicine [illegible].

This is more particularly true of [illegible] which stands [illegible] upon the loftiest height in the profession, inasmuch as it a[illegible] at once the physician's experience [illegible] the accuracy of his mechanical physiologist's observation, with the learning of the [illegible]

[illegible] years ago the man who [illegible] the labor and devotion of his life [illegible] profession, even as now [illegible] the highest [illegible] tition and [illegible]

[illegible] the operation of [illegible]

Inhalation of benzoin is one of recent introduction; yet it has been so thoroughly [illegible] [illegible] [illegible] [illegible] conditions.

…dages

[illegible] [illegible] [illegible] without the accompanying [illegible] [illegible] [illegible]

Besides [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Further [illegible]

[illegible]

[illegible]

has chosen to be an artisan and [illegible], [illegible] [illegible] quite [illegible].

Still if not too [illegible] it is a very [illegible] [illegible]; [illegible] [illegible] [illegible] [illegible]; [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible].

A [illegible] [illegible] [illegible] [illegible] to interfere with the [illegible].

[illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] combination [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible].

[illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

[illegible]

[illegible]

[illegible] a tribunal on the [illegible] of the implicit [illegible]

[illegible] the tribunal should [illegible] edict which [illegible] the [illegible] [illegible] Such [illegible] [illegible] [illegible]

[illegible]

[illegible]

[illegible]

[illegible] I.

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]